

**UNITED STATES BANKRUPTCY COURT
DISTRICT OF NEW JERSEY**

In re:

Chapter 11

IQ DENTAL SUPPLY, LLC,

Debtor.

**NOTES AND STATEMENT OF LIMITATIONS, METHODOLOGY AND
DISCLAIMER REGARDING DEBTOR'S SCHEDULES OF ASSETS
AND LIABILITIES AND STATEMENT OF FINANCIAL AFFAIRS**

On December 8, 2023 (the "Petition Date"), IQ Dental Supply, LLC (the "Debtor"), filed a voluntary petition for relief under Chapter 11 of Title 11 of the United States Code (the "Bankruptcy Code") with the United States Bankruptcy Court for the District of New Jersey. The Debtor is operating its business and managing its affairs as debtor-in-possession pursuant to Sections 1107(a) and 1108 of the Bankruptcy Code.

The Debtor, with the assistance of legal advisors and other professionals, has prepared the Schedules of Assets and Liabilities (the "Schedules") and Statement of Financial Affairs (the "SOFA") pursuant to Section 521 of the Bankruptcy Code and Federal Rule of Bankruptcy Procedure 1007. These Notes and Statement of Limitations, Methodology and Disclaimer Regarding the Debtor's Schedules of Assets and Liabilities and Statement of Financial Affairs (the "Notes and Disclaimers") pertain to all of the Schedules and the SOFA. While the Debtor's management has made reasonable efforts to ensure that the Schedules and SOFA are accurate and complete based on information that was available to it at the time of preparation, subsequent information or discovery may result in changes to these Schedules and SOFA, and inadvertent errors or omissions may exist in the Schedules and SOFA. Moreover, the Schedules and SOFA contain unaudited information that is subject to further review and potential adjustment. Nothing contained in the Schedules or SOFA shall constitute a waiver of any of the Debtor's rights or an admission with respect to this Chapter 11 case including, without limitation, any issues involving substantive consolidation, equitable subordination and/or causes of action arising under the provisions of Chapter 5 of the Bankruptcy Code and any other applicable laws to recover assets or avoid transfers. These Notes and Disclaimers are incorporated by reference herein, and comprise an integral part of, the Schedules and SOFA, and should be referred to and reviewed in connection with any review of the Schedules and SOFA. Nothing contained on the Schedules and SOFA shall waive any rights to assert that an alleged lease is a disguised security interest.

Amendment. While reasonable efforts were made to file complete and accurate Schedules and SOFA, inadvertent errors or omissions may exist. The Debtor thus reserves the right to amend and/or supplement the Schedules and SOFA from time to time as may be necessary or appropriate.

Dates. To the best of the Debtor's ability and knowledge, all asset information is listed as of the Petition Date and all liability information is listed as of the Petition Date.

Basis of Presentation. The Schedules and SOFA do not purport to represent financial information or data prepared in accordance with U.S. Generally Accepted Accounting Principles. The Debtor reserves all rights with respect to the values, amounts and characterizations of the assets and liabilities listed in its Schedules and SOFA.

Causes of Action. Despite reasonable efforts to identify all known assets, the Debtor may not have identified or set forth all of their causes of action (filed or potential) as assets in the Schedules and SOFA. Notwithstanding this, the Debtor reserves all of its rights with respect to any causes of action it may have, whether or not listed as assets in the Schedules and SOFA, and neither these Notes and Disclaimers nor the Schedules and SOFA shall be deemed a waiver of any such causes of action.

Dates. Unless otherwise indicated, all asset and liability information in the Schedules and SOFA is provided as of the Petition Date.

Leases. The Debtor has not included in the Schedules and SOFA future obligations under any leases.

Litigation: Identification of litigation as a claim against the Debtor does not constitute an admission or acknowledgment that the Debtor is, in fact, properly a defendant in such litigation.

Totals. All totals that are included in the Schedules and SOFA represent totals of all of the known amounts included on the Schedules and SOFA. To the extent that there are unknown or undetermined amounts, the actual total may be different than the listed total, at times materially.

Current Market Value of Assets. Unless otherwise indicated, net book values are reflected in the Debtor's Schedules and SOFA. For this reason, amounts ultimately realized may vary from net book value and such variance may be material. Thus, unless otherwise noted, the Schedules and SOFA reflect the carrying value of the assets as recorded on the Debtor's books and are not based upon any estimate of its current market value unless so indicated. Exceptions to this include operating cash, which is presented as bank balances as of the Petition Date. Certain other assets are listed as "Unknown" amounts because the net book values may materially differ from fair market value. The amounts shown for assets and liabilities exclude items identified as "Unknown" and the Debtor's ultimate assets and liabilities may differ materially from those stated in the Schedules and SOFA.

Claims Descriptions. Any failure to designate a claim on the Debtor's Schedules and SOFA as "disputed," "contingent" or "unliquidated" does not constitute an admission by the Debtor that such amount is not "disputed," "contingent" or "unliquidated." Listing a claim does not constitute an admission of liability by the Debtor. The Debtor reserves the right to dispute any claims reflected on their Schedules or SOFA on any grounds, including to assert an offset or

any defense to any claim reflected on the Schedules and/or SOFA with respect to, but not limited to, amount, liability or classification, or to otherwise subsequently designate such claims as “disputed,” “contingent” or “unliquidated.” The Debtor reserves the right to amend these Schedules and SOFA accordingly.

Classifications. Listing a claim on (i) Schedule E as “priority” or (ii) Schedule F as “unsecured nonpriority,” or listing a contract on Schedule G as “executory” or “unexpired,” does not constitute an admission by the Debtor of the legal rights of the claimant, or a waiver of the Debtor’s right to recharacterize or reclassify such claim or contract. In particular, the Debtor reserves the right to amend the Schedules and SOFA to recharacterize or reclassify any such contract or claim.

Notes and Disclaimers Control. In the event the Schedules and SOFA differ from the foregoing Notes and Disclaimers, the Notes and Disclaimers shall control.

Recharacterization. The Debtor has made reasonable efforts to characterize, classify, categorize or designate the claims, assets, executory contracts, unexpired leases and other items reported in the Schedules and SOFA correctly. The Debtor, however, may have inadvertently characterized, classified, categorized or designated certain items mistakenly. Thus, the Debtor reserves its right to recharacterize, reclassify, recategorize or redesignate items reported in the Schedules and SOFA at a later time as necessary or appropriate as additional information becomes available, including, but not limited to, whether contracts listed herein were executory as of the Petition Date or remain executory post-petition.

Fill in this information to identify your case:

United States Bankruptcy Court for the:

DISTRICT OF NEW JERSEY

Case number (if known) Chapter 11

☐ Check if this an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

06/22

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and the case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. Debtor's name IQ Dental Supply, LLC

2. All other names debtor used in the last 8 years

Include any assumed names, trade names and doing business as names

3. Debtor's federal Employer Identification Number (EIN) 46-4290694

4. Debtor's address Principal place of business Mailing address, if different from principal place of business

353 Route 46W, Building C, Unit 120
Fairfield, NJ 07004

Number, Street, City, State & ZIP Code

Essex

County

P.O. Box, Number, Street, City, State & ZIP Code

Location of principal assets, if different from principal place of business

Number, Street, City, State & ZIP Code

5. Debtor's website (URL) www.iqdentalsupply.com

6. Type of debtor

☒ Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))

☐ Partnership (excluding LLP)

☐ Other. Specify:

Debtor **IQ Dental Supply, LLC**
Name

Case number (if known)

7. Describe debtor's business**A. Check one:**

- ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))
- ☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- ☐ Railroad (as defined in 11 U.S.C. § 101(44))
- ☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
- ☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
- ☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))
- ☒ None of the above

B. Check all that apply

- ☐ Tax-exempt entity (as described in 26 U.S.C. § 501)
- ☐ Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. § 80a-3)
- ☐ Investment advisor (as defined in 15 U.S.C. § 80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor. See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.

3391**8. Under which chapter of the Bankruptcy Code is the debtor filing?****Check one:**

- ☐ Chapter 7
- ☐ Chapter 9

☒ **Chapter 11. Check all that apply:**

- ☐ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D), and its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$3,024,725. If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- ☐ The debtor is a debtor as defined in 11 U.S.C. § 1182(1), its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$7,500,000, **and it chooses to proceed under Subchapter V of Chapter 11.** If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return, or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- ☐ A plan is being filed with this petition.
- ☐ Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
- ☐ The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the *Attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.
- ☐ The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

☐ Chapter 12**9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?**

- ☒ No.
- ☐ Yes.

If more than 2 cases, attach a separate list.

District

When

Case number

District

When

Case number

Debtor **IQ Dental Supply, LLC**
Name

Case number (if known)

10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?
- ☒ No
☐ Yes.

List all cases. If more than 1, attach a separate list

Debtor	Relationship
District	Case number, if known
When	

11. Why is the case filed in this district?
- Check all that apply:
- ☒ Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
- ☐ A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?
- ☒ No
☐ Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.
- Why does the property need immediate attention?** (Check all that apply.)
- ☐ It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.
What is the hazard?
- ☐ It needs to be physically secured or protected from the weather.
- ☐ It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).
- ☐ Other
- Where is the property?**
Number, Street, City, State & ZIP Code
- Is the property insured?**
- ☐ No
- ☐ Yes. Insurance agency
Contact name
Phone

Statistical and administrative information

13. Debtor's estimation of available funds
- Check one:
- ☒ Funds will be available for distribution to unsecured creditors.
- ☐ After any administrative expenses are paid, no funds will be available to unsecured creditors.

14. Estimated number of creditors
- | | | |
|---|--|--|
| <input type="checkbox"/> 1-49 | <input type="checkbox"/> 1,000-5,000 | <input type="checkbox"/> 25,001-50,000 |
| <input type="checkbox"/> 50-99 | <input type="checkbox"/> 5001-10,000 | <input type="checkbox"/> 50,001-100,000 |
| <input type="checkbox"/> 100-199 | <input type="checkbox"/> 10,001-25,000 | <input type="checkbox"/> More than 100,000 |
| <input checked="" type="checkbox"/> 200-999 | | |

15. Estimated Assets
- | | | |
|--|---|--|
| <input type="checkbox"/> \$0 - \$50,000 | <input type="checkbox"/> \$1,000,001 - \$10 million | <input type="checkbox"/> \$500,000,001 - \$1 billion |
| <input type="checkbox"/> \$50,001 - \$100,000 | <input checked="" type="checkbox"/> \$10,000,001 - \$50 million | <input type="checkbox"/> \$1,000,000,001 - \$10 billion |
| <input type="checkbox"/> \$100,001 - \$500,000 | <input type="checkbox"/> \$50,000,001 - \$100 million | <input type="checkbox"/> \$10,000,000,001 - \$50 billion |
| <input type="checkbox"/> \$500,001 - \$1 million | <input type="checkbox"/> \$100,000,001 - \$500 million | <input type="checkbox"/> More than \$50 billion |

16. Estimated liabilities
- | | | |
|---|--|--|
| <input type="checkbox"/> \$0 - \$50,000 | <input checked="" type="checkbox"/> \$1,000,001 - \$10 million | <input type="checkbox"/> \$500,000,001 - \$1 billion |
|---|--|--|

Debtor

IQ Dental Supply, LLC

Case number (if known)

Name

☐ \$50,001 - \$100,000☐ \$10,000,001 - \$50 million☐ \$1,000,000,001 - \$10 billion☐ \$100,001 - \$500,000☐ \$50,000,001 - \$100 million☐ \$10,000,000,001 - \$50 billion☐ \$500,001 - \$1 million☐ \$100,000,001 - \$500 million☐ More than \$50 billion

Debtor **IQ Dental Supply, LLC**
Name

Case number (if known)

Request for Relief, Declaration, and Signatures

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**17. Declaration and signature
of authorized
representative of debtor**

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **December 8, 2023**
MM / DD / YYYY

X /s/ Sergey Kunin

Signature of authorized representative of debtor

Sergey Kunin

Printed name

Title **Managing Member**

18. Signature of attorney

X /s/ Richard D. Trenk

Signature of attorney for debtor

Date **December 8, 2023**

MM / DD / YYYY

Richard D. Trenk

Printed name

Trenk Isabel Siddiqi & Shahdanian P.C.

Firm name

**290 W. Mt. Pleasant Avenue
Suite 2370
Livingston, NJ 07039**

Number, Street, City, State & ZIP Code

Contact phone **(973) 533-1000**

Email address **rtrenk@trenkisabel.law**

016951982 NJ

Bar number and State

**RESOLUTION OF SPECIAL MEETING OF
MEMBERS OF IQ DENTAL SUPPLY, LLC**

I hereby certify that at a duly called and special meeting of IQ Dental Supply, LLC., a New Jersey limited liability company (the "Company"), held on the ____th day of November 2023, the following Resolutions was proposed and unanimously adopted by all Members present:

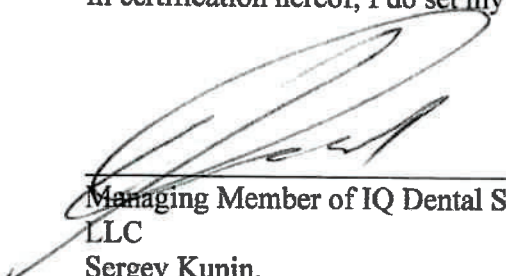
RESOLVED, that the aforementioned Company, in view of its financial condition, be and is hereby authorized and directed on behalf of the Company, to file a petition under chapter 11 of the Bankruptcy Code and retain the services of counsel and other professionals, as necessary, for the purposes of preparing, filing, and prosecuting a petition under chapter 11, and to take all steps necessary and related thereto, and that Sergey Kunin, Managing Member of the Company, is hereby authorized to execute the Petition and any other pleadings or documents they deem necessary in connection with the Company's chapter 11 case; and it is further

RESOLVED, that Sergey Kunin, Managing Member of the Company, of the Company, be and hereby is authorized and directed in the name and on behalf of the Company, to prepare, execute, issue, deliver, and/or file any and all such further agreements, certificates, instruments, letters, and pleadings and other documents, and to perform any and all such acts, as they may deem necessary or desirable to effectuate fully the foregoing Resolution; and it is further

RESOLVED, that the Company is authorized to retain the law firm of Trenk Isabel Siddiqi & Shahdanian, P.C. to represent the Company in connection with the Chapter 11 filing.

In certification hereof, I do set my hand and seal this ____th day of November, 2023.

SGD INTERNATIONAL INC.



Managing Member of IQ Dental Supply,
LLC
Sergey Kunin,

By: _____
Director of SGD International Inc.,
Member
Donna S. Allman

**RESOLUTION OF SPECIAL MEETING OF
MEMBERS OF IQ DENTAL SUPPLY, LLC**

I hereby certify that at a duly called and special meeting of IQ Dental Supply, LLC., a New Jersey limited liability company (the "Company"), held on the ____th day of November 2023, the following Resolutions was proposed and unanimously adopted by all Members present:


RESOLVED, that the aforementioned Company, in view of its financial condition, be and is hereby authorized and directed on behalf of the Company, to file a petition under chapter 11 of the Bankruptcy Code and retain the services of counsel and other professionals, as necessary, for the purposes of preparing, filing, and prosecuting a petition under chapter 11, and to take all steps necessary and related thereto, and that Sergey Kunin, Managing Member of the Company, is hereby authorized to execute the Petition and any other pleadings or documents they deem necessary in connection with the Company's chapter 11 case; Notwithstanding the above, Sergey Kunin must first obtain the written authorization of SGD International Inc to file the Petition, and any other pleadings or documents that involve economic issues such as the final plan of chapter 11 bankruptcy and contracts with third parties. and it is further

RESOLVED, that Sergey Kunin, Managing Member of the Company, be and hereby is authorized and directed in the name and on behalf of the Company, to prepare, execute, issue, deliver, and/or file any and all such further agreements, certificates, instruments, letters, and pleadings and other documents, and to perform any and all such acts, as they may deem necessary or desirable to effectuate fully the foregoing Resolution; and it is further Notwithstanding the above, Sergey Kunin must first obtain the written authorization of SGD International to prepare, execute, issue, deliver, and/or file any and all such further agreements, certificates, instruments, letters, and pleadings and other documents, and to perform any and all such acts, as they may deem necessary or desirable to effectuate fully the foregoing Resolution which such instruments involve economic issues such as contracts with third parties, including lending instruments, and it is further

RESOLVED, that the Company is authorized to retain the law firm of Trenk Isabel Siddiqi & Shahdanian, P.C. to represent the Company in connection with the Chapter 11 filing.

In certification hereof, I do set my hand and seal this ____th day of November, 2023.

SGD INTERNATIONAL INC.

By: 
Director of SGD International Inc.,
Member
Donna S. Allman

Managing Member of IQ Dental Supply, LLC

Sergey Kunin

Fill in this information to identify the case:

Debtor name **IQ Dental Supply, LLC**

United States Bankruptcy Court for the: DISTRICT OF NEW JERSEY

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☒ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ Amended Schedule _____
- ☒ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ Other document that requires a declaration _____

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **December 8, 2023**

X /s/ Sergey Kunin

Signature of individual signing on behalf of debtor

Sergey Kunin

Printed name

Managing Member

Position or relationship to debtor

Fill in this information to identify the case:

Debtor name **IQ Dental Supply, LLC**
 United States Bankruptcy Court for the: **DISTRICT OF NEW JERSEY**
 Case number (if known): _____

☐ Check if this is an amended filing

Official Form 204

Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders

12/15

A list of creditors holding the 20 largest unsecured claims must be filed in a Chapter 11 or Chapter 9 case. Include claims which the debtor disputes. Do not include claims by any person or entity who is an insider, as defined in 11 U.S.C. § 101(31). Also, do not include claims by secured creditors, unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
3M Oral Care 2510 Conway Avenue St. Paul, MN 55144-1000	Attn: Legal/Bankruptcy 888-364-3577	Trade debt				\$332,159.67
Aidite (Qinhuangdao) Technology Co. Advanced Dental Materials 600 Technology Park Suite 108 Lake Mary, FL 32746	407-567-7827	Trade debt				\$324,039.62
Air Techniques Products 1295 Walt Whitman Road Melville, NY 11747	Esteban Reinhardt orders@airtechniques.com 516-433-7676	Trade debt				\$121,533.97
Align Technology/iTero 410 North Scottsdale Road, Suite 1300 Tempe, AZ 85281	Attn: Legal/Bankruptcy itersupport@aligntech.com 800-577-8767	Trade debt				\$58,890.00
American Eagle Instruments, Inc 6575 Butler Creek Rd. Missoula, MT 59808	Attn: Legal/Bankruptcy customerservice@younginnovations.com (800) 551-5172	Trade debt				\$50,753.23

Debtor **IQ Dental Supply, LLC**

Case number (if known)

Name

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services,	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
American Express World Financial Center 200 Vessey Street New York, NY 10285	Attn: Legal Department/Bankruptcy	Credit card purchases				\$128,000.00
American Express World Financial Center 200 Vessey Street New York, NY 10285	Attn: Legal Department/Bankruptcy	Credit card purchases				\$513,938.28
Capital One 1680 Capital One Drive McLean, VA 22102-3491	Attn: Legal Department	Credit card purchases				\$70,220.33
Crown Delta Corporation 1520 Front Street Yorktown Heights, NY 10598	914-245-8912 914-245-8910	Trade debt				\$257,266.77
Dentsply Caulk Dentsply International Inc. 570 West College Ave York, PA 17401		Trade debt				\$124,935.80
Dentsply Professional Dentsply International Inc. 570 West College Ave York, PA 17401	717-848-3739 717-845-7511	Trade debt				\$111,357.82
EcoGuard, Inc 700 S Battleground Ave #103 Grover, NC 28073	704-322-3710	Trade debt				\$52,400.00
Forest Dental 301 Lindenwood Drive Suite 100 Malvern, PA 19355	forestsales@dental ez.com 610-725-8004	Trade debt				\$108,093.30
GC America Inc. 3737 W. 127th St Alsip, IL 60803	800-323-7063	Trade debt				\$164,678.23

Debtor **IQ Dental Supply, LLC**

Case number (if known)

Name

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services,	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
Midmark 60 Vista Drive Versailles, OH 45380	937-526-3662	Trade debt				\$80,679.21
NDC Inc. 402 BNA Drive, Suite 500 Nashville, TN 37217	Attn: Marcus Williams mwilliams2@ndci-inc.com 629-237-8815	Trade debt				\$230,718.27
Safe-Dent Enterprises LLC 4 Orchard Hill Drive Monsey, NY 10952	Hedy Worch (845) 362-0141	Trade debt				\$49,437.75
Septodont 205 Granite Run Drive, Suite 150 Lancaster, PA 17601	800-872-8305	Trade debt				\$54,673.71
TD Bank 1701 Marlton Pike E Cherry Hill, NJ 08003		Credit card purchases				\$48,085.95
Vatech America Inc. 2200 Fletcher Avenue Suite 705A Fort Lee, NJ 07024	201-210-5028	Trade debt				\$145,897.00

Fill in this information to identify the case:

Debtor name **IQ Dental Supply, LLC**

United States Bankruptcy Court for the: **DISTRICT OF NEW JERSEY**

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206Sum
Summary of Assets and Liabilities for Non-Individuals

12/15

Part 1: Summary of Assets

1. **Schedule A/B: Assets-Real and Personal Property** (Official Form 206A/B)

1a. Real property: Copy line 88 from <i>Schedule A/B</i>	\$	0.00
1b. Total personal property: Copy line 91A from <i>Schedule A/B</i>	\$	10,092,591.88
1c. Total of all property: Copy line 92 from <i>Schedule A/B</i>	\$	10,092,591.88

Part 2: Summary of Liabilities

2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D) Copy the total dollar amount listed in Column A, <i>Amount of claim</i> , from line 3 of <i>Schedule D</i>	\$	3,385,345.70
3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)		
3a. Total claim amounts of priority unsecured claims: Copy the total claims from Part 1 from line 5a of <i>Schedule E/F</i>	\$	0.00
3b. Total amount of claims of nonpriority amount of unsecured claims: Copy the total of the amount of claims from Part 2 from line 5b of <i>Schedule E/F</i>	+\$	4,712,912.24
4. Total liabilities Lines 2 + 3a + 3b	\$	8,098,257.94

Fill in this information to identify the case:

Debtor name **IQ Dental Supply, LLC**United States Bankruptcy Court for the: **DISTRICT OF NEW JERSEY**

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206A/B
Schedule A/B: Assets - Real and Personal Property**

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents**1. Does the debtor have any cash or cash equivalents?**

- ☐ No. Go to Part 2.
☒ Yes Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor**Current value of debtor's interest****3. Checking, savings, money market, or financial brokerage accounts (Identify all)**

Name of institution (bank or brokerage firm)

Type of account

Last 4 digits of account number

3.1. **East West Bank****Operating Account for IQ Dental Supply, LLC****5094****\$0.00**3.2. **East West Bank****Depository account for IQ Dental Supply, LLC****4700****\$0.00**3.3. **Chase Bank****Business Account for IQ Dental Supply, LLC****0314****\$126,295.82**3.4. **TD Bank****Business Account for Alliance Dental Supply, Inc.****4549****\$13,551.61**3.5. **TD Bank****Business Account for IQ Dental Education Inc.****0314****\$5,667.72****4. Other cash equivalents (Identify all)****5. Total of Part 1.**

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$145,515.15**Part 2: Deposits and Prepayments**

Debtor **IQ Dental Supply, LLC** Case number (if known) _____
Name

6. Does the debtor have any deposits or prepayments?

- ☐ No. Go to Part 3.
☒ Yes Fill in the information below.

7. **Deposits, including security deposits and utility deposits**
Description, including name of holder of deposit

7.1. **Security deposit held by Di Geronimo Realty** **\$3,300.00**

7.2. **Security deposit held by F.G.N Associates LLC** **\$2,200.00**

7.3. **Security deposit held by LMAN LNT LLC** **\$20,000.00**

7.4. **Security deposit held by TCII Land, LP** **\$4,800.00**

8. **Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent**
Description, including name of holder of prepayment

8.1. **Prepayment or credit balance paid to vendor, AFP Imaging** **\$266.15**

8.2. **Prepayment or credit balance paid to vendor, BonArt** **\$5.00**

8.3. **Prepayment or credit balance paid to vendor, Brandt Equipment** **\$590.67**

8.4. **Prepayment or credit balance paid to vendor, Deepak / Keystone** **\$70.60**

8.5. **Prepayment or credit balance paid to vendor, DeLar** **\$10.50**

8.6. **Prepayment or credit balance paid to vendor, Dental Chair Adaptors** **\$290.00**

8.7. **Prepayment or credit balance paid to vendor, Enbio Corp.** **\$16,959.15**

8.8. **Prepayment or credit balance paid to vendor, Jazzing Imaging** **\$2,210.48**

Debtor IQ Dental Supply, LLC Case number (if known) _____
 Name

8.9.	<u>Prepayment or credit balance paid to vendor, Kinetic Instruments</u>	<u>\$120.00</u>
8.10	<u>Prepayment or credit balance paid to vendor, Medtexx</u>	<u>\$17,525.00</u>
8.11	<u>Prepayment or credit balance paid to vendor, Microbrush International</u>	<u>\$318.18</u>
8.12	<u>Prepayment or credit balance paid to vendor, Microtech</u>	<u>\$1,484.26</u>
8.13	<u>Prepayment or credit balance paid to vendor, MTI Dental Products</u>	<u>\$41.00</u>
8.14	<u>Prepayment or credit balance paid to vendor, Noel's Installation LLC</u>	<u>\$3,894.50</u>
8.15	<u>Prepayment or credit balance paid to vendor, Polaroid Dental Imaging</u>	<u>\$1,495.00</u>
8.16	<u>Prepayment or credit balance paid to vendor, Proma</u>	<u>\$5,398.52</u>
8.17	<u>Prepayment or credit balance paid to vendor, RAY America</u>	<u>\$3,685.00</u>
8.18	<u>Prepayment or credit balance paid to vendor, Safe-Vac</u>	<u>\$1,350.00</u>
8.19	<u>Prepayment or credit balance paid to vendor, SprinRay Inc.</u>	<u>\$4,906.39</u>
8.20	<u>Prepayment or credit balance paid to vendor, Suni Medical Imaging</u>	<u>\$3,400.00</u>
8.21	<u>Prepayment or credit balance paid to vendor, Teal's Express Inc.</u>	<u>\$123.00</u>
8.22	<u>Prepayment or credit balance paid to NJ Department of Treasury</u>	<u>\$277.25</u>

Debtor IQ Dental Supply, LLC Case number (if known) _____
Name

8.23	<u>Prepayment or credit balance paid to vendor, Uni-Med Midwest, Inc.</u>	<u>\$19.50</u>
8.24	<u>Prepayment or credit balance paid to vendor, Vaniman</u>	<u>\$1.50</u>
8.25	<u>Prepaid commissions paid to Jerry Handleman</u>	<u>\$49,501.00</u>
8.26	<u>Prepaid commissions paid to Carl Radicone</u>	<u>\$65,104.00</u>
8.27	<u>Prepaid commissions paid to Paul Schneider</u>	<u>\$17,989.00</u>
8.28	<u>Prepaid commissions paid to Richard Brot</u>	<u>\$13,066.00</u>
8.29	<u>Prepaid commissions paid to Chris Clemson</u>	<u>\$124,244.00</u>
8.30	<u>Prepaid commissions paid to Eddie Cooley</u>	<u>\$92,602.00</u>
8.31	<u>Prepaid commissions paid to Vince Galasso</u>	<u>\$8,665.00</u>
8.32	<u>Prepaid commissions paid to Alex Wallerstein</u>	<u>\$38,618.00</u>
8.33	<u>Prepaid commissions paid to Peter Lombardo</u>	<u>\$42,206.00</u>

9. **Total of Part 2.**

Add lines 7 through 8. Copy the total to line 81.

\$546,736.65

Part 3: Accounts receivable

10. **Does the debtor have any accounts receivable?**

- ☐ No. Go to Part 4.
☒ Yes Fill in the information below.

11. **Accounts receivable**

Debtor **IQ Dental Supply, LLC** Case number (If known) _____
Name

11a. 90 days old or less: **1,820,186.15** - **0.00** = **\$1,820,186.15**
face amount doubtful or uncollectible accounts

11b. Over 90 days old: **533,977.80** - **533,977.80** = **\$0.00**
face amount doubtful or uncollectible accounts

12. **Total of Part 3.**

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$1,820,186.15

Part 4: Investments

13. Does the debtor own any investments?

- ☒ No. Go to Part 5.
☐ Yes Fill in the information below.

Part 5: Inventory, excluding agriculture assets

18. Does the debtor own any inventory (excluding agriculture assets)?

- ☐ No. Go to Part 6.
☒ Yes Fill in the information below.

	General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
19.	Raw materials				
20.	Work in progress				
21.	Finished goods, including goods held for resale				
22.	Other inventory or supplies				
	Inventory and supplies		Unknown	Recent cost	\$7,579,626.93

23. **Total of Part 5.**

Add lines 19 through 22. Copy the total to line 84.

\$7,579,626.93

24. Is any of the property listed in Part 5 perishable?

- ☒ No
☐ Yes

25. Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?

☐ No

☒ Yes. Book value **173,864.25** Valuation method _____ Current Value **173,864.25**

26. Has any of the property listed in Part 5 been appraised by a professional within the last year?

- ☒ No
☐ Yes

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)

27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?

- ☒ No. Go to Part 7.
☐ Yes Fill in the information below.

Debtor **IQ Dental Supply, LLC**
Name

Case number (If known) _____

Part 7: Office furniture, fixtures, and equipment; and collectibles

38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?

- ☐ No. Go to Part 8.
- ☒ Yes Fill in the information below.

	General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39.	Office furniture Office furniture and fixtures	\$52,960.72		Unknown
40.	Office fixtures			
41.	Office equipment, including all computer equipment and communication systems equipment and software Office equipment, computer and communication systems equipment, and software	\$41,117.51		Unknown

42. **Collectibles** Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles43. **Total of Part 7.**

Add lines 39 through 42. Copy the total to line 86.

\$0.00

44. Is a depreciation schedule available for any of the property listed in Part 7?

- ☐ No
- ☒ Yes

45. Has any of the property listed in Part 7 been appraised by a professional within the last year?

- ☒ No
- ☐ Yes

Part 8: Machinery, equipment, and vehicles

46. Does the debtor own or lease any machinery, equipment, or vehicles?

- ☐ No. Go to Part 9.
- ☒ Yes Fill in the information below.

	General description Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
47.	Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles			
47.1.	2019 Chevrolet Colorado, 135,687 miles	\$12,217.17		Unknown
47.2.	2022 Subaru Forester, 18,000 miles	\$25,491.69		Unknown
47.3.	2018 Subaru Forester, 211,855 miles	\$6,133.16		Unknown
47.4.	2019 Ford Transit, 91,176 miles	\$30,504.14		Unknown

Debtor IQ Dental Supply, LLC Case number (If known) _____
Name

47.5.	<u>2017 Subaru Forester, 177,929 miles</u>	<u>\$3,244.52</u>	<u>Unknown</u>
47.6.	<u>2018 Subaru Forester, 89,807 miles</u>	<u>\$6,551.04</u>	<u>Unknown</u>
47.7.	<u>2021 Ford Transit, 61,281 miles</u>	<u>\$27,028.77</u>	<u>Unknown</u>
47.8.	<u>2019 Ford Transit, 69,958 miles</u>	<u>\$21,531.73</u>	<u>Unknown</u>
47.9.	<u>2018 Toyota Tundra, 64,042 miles</u>	<u>\$6,290.84</u>	<u>Unknown</u>
47.10	<u>2021 Ford Bronco, 60,000 miles</u>	<u>\$22,989.06</u>	<u>Unknown</u>

48. **Watercraft, trailers, motors, and related accessories** *Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels*

49. **Aircraft and accessories**

50. **Other machinery, fixtures, and equipment (excluding farm machinery and equipment)**

51. **Total of Part 8.**

Add lines 47 through 50. Copy the total to line 87.

\$0.00

52. **Is a depreciation schedule available for any of the property listed in Part 8?**

- ☐ No
☒ Yes

53. **Has any of the property listed in Part 8 been appraised by a professional within the last year?**

- ☒ No
☐ Yes

Part 9: Real property

54. **Does the debtor own or lease any real property?**

- ☐ No. Go to Part 10.
☒ Yes Fill in the information below.

55. **Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest**

Description and location of property

Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building, if available.

Nature and extent of debtor's interest in property

Net book value of debtor's interest (Where available)

Valuation method used for current value

Current value of debtor's interest

55.1. **Lease of Real Property located at 151-4 W. Industry Court, Deer Park, NY 11729**

Tenant

\$0.00

\$0.00

Debtor **IQ Dental Supply, LLC** Case number (if known) _____
Name

55.2. **Lease of Real Property located at I-35 Business Center, Building 3, located at 12100 Crownpoint, Suite 120, San Antonio, Texas 78233** Tenant \$0.00 \$0.00

55.3. **Lease of Real Property located at 353C Route 46W, Fairfiled, New Jersey** Tenant \$0.00 \$0.00

56. **Total of Part 9.** **\$0.00**
Add the current value on lines 55.1 through 55.6 and entries from any additional sheets.
Copy the total to line 88.

57. **Is a depreciation schedule available for any of the property listed in Part 9?**
☒ No
☐ Yes

58. **Has any of the property listed in Part 9 been appraised by a professional within the last year?**
☒ No
☐ Yes

Part 10: Intangibles and intellectual property

59. **Does the debtor have any interests in intangibles or intellectual property?**

- ☐ No. Go to Part 11.
☒ Yes Fill in the information below.

	General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
60.	Patents, copyrights, trademarks, and trade secrets CMX Trademark	<u>Unknown</u>		<u>Unknown</u>
	NRG Trademark	<u>Unknown</u>		<u>Unknown</u>
61.	Internet domain names and websites www.iqdentalsupply.com	<u>Unknown</u>		<u>Unknown</u>
62.	Licenses, franchises, and royalties			
63.	Customer lists, mailing lists, or other compilations Customer list	<u>Unknown</u>		<u>Unknown</u>
64.	Other intangibles, or intellectual property			
65.	Goodwill			

Debtor IQ Dental Supply, LLC Case number (If known) _____
Name

66. **Total of Part 10.** \$0.00
Add lines 60 through 65. Copy the total to line 89.

67. **Do your lists or records include personally identifiable information of customers** (as defined in 11 U.S.C. §§ 101(41A) and 107?)
☒ No
☐ Yes

68. **Is there an amortization or other similar schedule available for any of the property listed in Part 10?**
☒ No
☐ Yes

69. **Has any of the property listed in Part 10 been appraised by a professional within the last year?**
☒ No
☐ Yes

Part 11: All other assets

70. **Does the debtor own any other assets that have not yet been reported on this form?**
Include all interests in executory contracts and unexpired leases not previously reported on this form.

- ☐ No. Go to Part 12.
☒ Yes Fill in the information below.

Current value of
debtor's interest

71. Notes receivable Description (include name of obligor)	384.00	-	0.00	=	
<u>Employee loan made to Deng Zhang</u>	Total face amount		doubtful or uncollectible amount		\$384.00

<u>Employee loan made to Robert Pujols</u>	143.00	-	0.00	=	
	Total face amount		doubtful or uncollectible amount		\$143.00

72. **Tax refunds and unused net operating losses (NOLs)**
Description (for example, federal, state, local)

73. **Interests in insurance policies or annuities**
Federal Insurance Company/Hartford Fire Insurance Co.
Commercial General Liability, Automotive Liability,
Worker's Compensation and Products Liability
Insurance
Policy Nos. 36059019, 73629327, 78197652,
13WBCRO9964 and 36059018 FPO **\$0.00**

UPS Capital Insurance Agency, Inc. Shipping Insurance **\$0.00**
Policy # 15914024-151380-9

Selective Insurance Management Liability Insurance and **\$0.00**
Employment Practices Liability Insurance
Policy No. MY 1000442

74. **Causes of action against third parties (whether or not a lawsuit has been filed)**

75. **Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to**

Debtor IQ Dental Supply, LLC Case number (if known) _____
Name

set off claims

76. **Trusts, equitable or future interests in property**

77. **Other property of any kind not already listed** *Examples:* Season tickets, country club membership

Alliance Dental Supply, Inc. (EIN 46-4424751) Debtor owns 100% of the shares.

Unknown

IQ Dental Education Inc. (EIN 81-4505578) Debtor owns 100% of the shares.

Unknown

78. **Total of Part 11.**

Add lines 71 through 77. Copy the total to line 90.

\$527.00

79. **Has any of the property listed in Part 11 been appraised by a professional within the last year?**

☒ No

☐ Yes

Debtor IQ Dental Supply, LLC Case number (if known) _____
Name

Part 12: Summary

In Part 12 copy all of the totals from the earlier parts of the form

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1</i>	\$145,515.15	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	\$546,736.65	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	\$1,820,186.15	
83. Investments. <i>Copy line 17, Part 4.</i>	\$0.00	
84. Inventory. <i>Copy line 23, Part 5.</i>	\$7,579,626.93	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	\$0.00	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	\$0.00	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	\$0.00	
88. Real property. <i>Copy line 56, Part 9.....></i>		\$0.00
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	\$0.00	
90. All other assets. <i>Copy line 78, Part 11.</i>	\$527.00	
91. Total. Add lines 80 through 90 for each column	\$10,092,591.88	\$0.00
92. Total of all property on Schedule A/B. Add lines 91a+91b=92		\$10,092,591.88

Fill in this information to identify the case:

Debtor name IQ Dental Supply, LLC

United States Bankruptcy Court for the: DISTRICT OF NEW JERSEY

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

		Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim
2.1 East West Bank	Describe debtor's property that is subject to a lien Blanket lien on substantially all assets of the Debtor	\$3,351,651.70	Unknown
Creditor's Name 9300 Flair Drive, 6th Floor El Monte, CA 91731 Creditor's mailing address Creditor's email address, if known Date debt was incurred Last 4 digits of account number 0241 Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	Describe the lien UCC Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		

2.2 GM Financial	Describe debtor's property that is subject to a lien 2019 Chevrolet Colorado, 135,687 miles	\$8,275.00	Unknown
Creditor's Name 801 Cherry Street, Suite 3500 Fort Worth, TX 76102 Creditor's mailing address Creditor's email address, if known Date debt was incurred Last 4 digits of account number 7452 Do multiple creditors have an interest in the same property?	Describe the lien Auto loan Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply		

Debtor **IQ Dental Supply, LLC** Case number (if known)

Name

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

☐ Contingent

☐ Unliquidated

☐ Disputed

2.3 Subaru Motors Finance

Creditor's Name

**14800 Frye Road
Fort Worth, TX 76155-2732**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

**Last 4 digits of account number
1123**

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

2022 Subaru Forester, 18,000 miles

\$25,419.00

Unknown

Describe the lien

Auto loan

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☒ No

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

\$3,385,345.70

Part 2: List Others to Be Notified for a Debt Already Listed in Part 1

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address

On which line in Part 1 did you enter the related creditor?

Last 4 digits of account number for this entity

**Che Lai Chang
East West Bank
535 Madison Avenue, 8th Floor
New York, NY 10022**

Line **2.1**

**East West Bank Corporate Headquarters
135 N. Robles Avenue
Pasadena, CA 91101**

Line **2.1**

**GM Financial
PO Box 183593
Arlington, TX 76096-3834**

Line **2.2**

Fill in this information to identify the case:

Debtor name **IQ Dental Supply, LLC**

United States Bankruptcy Court for the: **DISTRICT OF NEW JERSEY**

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

☐ No. Go to Part 2.

☒ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

			Total claim	Priority amount
2.1	Priority creditor's name and mailing address Division of Taxation 124 Halsey Street 2nd Floor Newark, NJ 07102	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00	\$0.00
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: For Noticing Purposes Only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.2	Priority creditor's name and mailing address Internal Revenue Service Special Procedures Branch PO Box 744 Springfield, NJ 07081-0744	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00	\$0.00
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: For Noticing Purposes Only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	IQ Dental Supply, LLC <small>Name</small>	Case number (if known)
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2.3	Priority creditor's name and mailing address Internal Revenue Service Attn: District Director 955 S. Springfield Avenue Springfield, NJ 07081	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00	\$0.00
Date or dates debt was incurred		Basis for the claim: For Noticing Purposes Only		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.4	Priority creditor's name and mailing address Internal Revenue Service Office of the Chief Counsel 1 Newark Center, Suite 1500 Newark, NJ 07102	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00	\$0.00
Date or dates debt was incurred		Basis for the claim: For Noticing Purposes Only		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.5	Priority creditor's name and mailing address Internal Revenue Service PO Box 7346 Philadelphia, PA 19101-7346	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00	\$0.00
Date or dates debt was incurred		Basis for the claim: For Noticing Purposes Only		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.6	Priority creditor's name and mailing address New Jersey Division of Taxation Bankruptcy Section PO Box 245 Trenton, NJ 08695-0245	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00	\$0.00
Date or dates debt was incurred		Basis for the claim: For Noticing Purposes Only		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	IQ Dental Supply, LLC <small>Name</small>	Case number (if known) _____
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2.7	Priority creditor's name and mailing address NYC Dept. of Finance Office of Legal Affairs 375 Pearl Street, 30th Floor New York, NY 10038	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00	\$0.00
	Date or dates debt was incurred	Basis for the claim: For Noticing Purposes Only		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.8	Priority creditor's name and mailing address NYS Dept. Taxation & Finance Bankruptcy/Special Procedures Section P.O. Box 5300 Albany, NY 12205-0300	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00	\$0.00
	Date or dates debt was incurred	Basis for the claim: For Noticing Purposes Only		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.9	Priority creditor's name and mailing address Office of the Attorney General Division of Law PO Box 080 Trenton, NJ 08625-0080	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00	\$0.00
	Date or dates debt was incurred	Basis for the claim: For Noticing Purposes Only		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.10	Priority creditor's name and mailing address State of New Jersey Division of Taxation Sales & Use Tax PO Box 999 Trenton, NJ 08625	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00	\$0.00
	Date or dates debt was incurred	Basis for the claim: For Noticing Purposes Only		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Name	Case number (if known)		
2.11	Priority creditor's name and mailing address State of New Jersey Division of Taxation - GIT 50 Barrack Street PO Box 269 Trenton, NJ 08625	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00	\$0.00
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: For Noticing Purposes Only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.12	Priority creditor's name and mailing address State of New Jersey Department of Labor Division of Employer Accounts PO Box 379 Trenton, NJ 08625-0059	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00	\$0.00
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: For Noticing Purposes Only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.13	Priority creditor's name and mailing address Texas Comptroller of Public Accounts Revenue Accounting Division - Bankruptcy P.O. Box 13528 Capitol Station Austin, TX 78711	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00	\$0.00
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: For Noticing Purposes Only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.14	Priority creditor's name and mailing address United States Attorney 970 Broad Street 5th Floor Newark, NJ 07102	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00	\$0.00
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: For Noticing Purposes Only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

Amount of claim

Debtor Name	Case number (if known)
IQ Dental Supply, LLC	
3.1 Nonpriority creditor's name and mailing address 3M Oral Care PO Box 371227 Pittsburgh, PA 15250-7227 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$332,159.67 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.2 Nonpriority creditor's name and mailing address A-Titan Instruments 10 Centre Dr. Hamburg, NY 14127 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,881.69 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.3 Nonpriority creditor's name and mailing address Accutron Inc. P.O.Box 74007016 Chicago, IL 60674-7016 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$17,062.90 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.4 Nonpriority creditor's name and mailing address ACE Surgical Supply 1034 Pearl Street PO Box 1710 Brockton, MA 02303 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$887.28 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.5 Nonpriority creditor's name and mailing address Acteon, Inc 124 Gaither Drive Suite 140 Mount Laurel, NJ 08054 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$11,922.12 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.6 Nonpriority creditor's name and mailing address AFP Imaging ImageWorks 8 Westchester Plaza Suite 112 Elmsford, NY 10523 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>For Noticing Purposes Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.7 Nonpriority creditor's name and mailing address Aidite (Qinhuangdoa) Technology Co. Advanced Dental Materials 600 Technology Park Suite 108 Lake Mary, FL 32746 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$324,039.62 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	IQ Dental Supply, LLC Name _____	Case number (if known) _____
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3.8	Nonpriority creditor's name and mailing address Air Techniques Products 1295 Walt Whitman Road Melville, NY 11747 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$121,533.97
<hr/>			
3.9	Nonpriority creditor's name and mailing address Align Technology/ iTero PO Box 742531 Los Angeles, CA 90074-2531 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$58,890.00
<hr/>			
3.10	Nonpriority creditor's name and mailing address Aluwax Dental Product P.O. Box 87 Allendale, MI 49401 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$327.50
<hr/>			
3.11	Nonpriority creditor's name and mailing address American Eagle Instruments, Inc 6575 Butler Creek Rd. Missoula, MT 59808 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$50,753.23
<hr/>			
3.12	Nonpriority creditor's name and mailing address American Express PO Box 1270 Newark, NJ 07101-1270 Date(s) debt was incurred _____ Last 4 digits of account number <u>4001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Credit card purchases</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$12,774.34
<hr/>			
3.13	Nonpriority creditor's name and mailing address American Express PO Box 1270 Newark, NJ 07101-1270 Date(s) debt was incurred _____ Last 4 digits of account number <u>1018</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Credit card purchases</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$128,000.00
<hr/>			
3.14	Nonpriority creditor's name and mailing address American Express PO Box 1270 Newark, NJ 07101-1270 Date(s) debt was incurred _____ Last 4 digits of account number <u>2000</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Credit card purchases</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$34,530.00

Debtor	IQ Dental Supply, LLC Name	Case number (if known)
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3.15	Nonpriority creditor's name and mailing address American Express PO Box 1270 Newark, NJ 07101-1270 Date(s) debt was incurred ____ Last 4 digits of account number <u>3008</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Credit card purchases</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$513,938.28</u>
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3.16	Nonpriority creditor's name and mailing address Ansell Healthcare Products LLC Dept CH 17373 Palatine, IL 60055-7373 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$600.30</u>
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3.17	Nonpriority creditor's name and mailing address Arnel Inc 73 High Street Hempstead, NY 11550 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$880.06</u>
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3.18	Nonpriority creditor's name and mailing address Aseptico 8333 216th Street SE Woodinville, WA 98072-1548 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$387.40</u>
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3.19	Nonpriority creditor's name and mailing address Bank of America 3558 James Ave N Minneapolis, MN 55412-2438 Date(s) debt was incurred ____ Last 4 digits of account number <u>6196</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Credit card purchases</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$34,952.95</u>
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3.20	Nonpriority creditor's name and mailing address Bank of America 3558 James Ave N Minneapolis, MN 55412-2438 Date(s) debt was incurred ____ Last 4 digits of account number <u>8784</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Credit card purchases</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$13,906.68</u>
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3.21	Nonpriority creditor's name and mailing address Bank of America 3558 James Ave N Minneapolis, MN 55412-2438 Date(s) debt was incurred ____ Last 4 digits of account number <u>7078</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Credit card purchases</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$25,869.97</u>
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Debtor	IQ Dental Supply, LLC Name _____	Case number (if known) _____
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3.22	Nonpriority creditor's name and mailing address Bank of America 3558 James Ave N Minneapolis, MN 55412-2438 Date(s) debt was incurred ____ Last 4 digits of account number <u>0841</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Credit card purchases</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$41,288.46
<hr/>			
3.23	Nonpriority creditor's name and mailing address Bausch 12 Murphy Drive, Unit 4 Nashua, NH 03062 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,228.75
<hr/>			
3.24	Nonpriority creditor's name and mailing address Beavers / Kerr Fifth Third Bank 5050 Kingsley Drive Cincinnati, OH 45227 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Credit card purchases</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$473.13
<hr/>			
3.25	Nonpriority creditor's name and mailing address Beaverstate Dental, Inc 115 South Elliott Rd Newberg, OR 97132 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,267.45
<hr/>			
3.26	Nonpriority creditor's name and mailing address Bien Air 8861 Research Drive Irvine, CA 92618 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,261.07
<hr/>			
3.27	Nonpriority creditor's name and mailing address Biotec, Inc 652 E. Main Ave. Zeeland, MI 49464-1399 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$820.00
<hr/>			
3.28	Nonpriority creditor's name and mailing address Blazer Products, Inc 88-90 Allen Blvd Farmingdale, NY 11735 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$474.00

Debtor	IQ Dental Supply, LLC	Case number (if known)	
	Name		
3.29	Nonpriority creditor's name and mailing address BonArt 550 Yorbita Rd La Puente, CA 91744 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>For Noticing Purposes Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.30	Nonpriority creditor's name and mailing address Brandt Equipment 4461 Bronx Blvd. Bronx, NY 10470-1496 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>For Noticing Purposes Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.31	Nonpriority creditor's name and mailing address Bravo! Building Services, Inc. 1260 Centennial Avenue Piscataway, NJ 08854 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$192.09
3.32	Nonpriority creditor's name and mailing address Brewer N88 W 13901 Main Street Suite 100 Menomonee Falls, WI 53051 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$776.00
3.33	Nonpriority creditor's name and mailing address Buffalo Dental Manufacture Co 159 Lafayette Dr. P.O. Box 678 Syosset, NY 11791-0678 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,304.97
3.34	Nonpriority creditor's name and mailing address Bulbworks, Inc P.O. Box 586 Succasunna, NJ 07876 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$446.50
3.35	Nonpriority creditor's name and mailing address CAO Group 4628 W Skyhawk Drive West Jordan, UT 84084 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$960.99

Debtor	IQ Dental Supply, LLC Name	Case number (if known)
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3.36	Nonpriority creditor's name and mailing address Capital One PO Box 71083 Charlotte, NC 28272-1083 Date(s) debt was incurred ____ Last 4 digits of account number <u>5282</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Credit card purchases</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$70,220.33</u>
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3.37	Nonpriority creditor's name and mailing address Cefla North America, Inc 6125 Harris Technology Blvd Charlotte, NC 28269 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$224.00</u>
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3.38	Nonpriority creditor's name and mailing address Centrix P.O. Box 527 Stratford, CT 06615-0527 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$11,641.32</u>
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3.39	Nonpriority creditor's name and mailing address Chapman-Huffman 320 S.E. Brideford Blvd Bend, OR 97702 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$210.00</u>
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3.40	Nonpriority creditor's name and mailing address Chase PO Box 6294 Carol Stream, IL 60197-6294 Date(s) debt was incurred ____ Last 4 digits of account number <u>9632</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Credit card purchases</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,982.47</u>
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3.41	Nonpriority creditor's name and mailing address CitiCard PO Box 70166 Philadelphia, PA 19176-0166 Date(s) debt was incurred ____ Last 4 digits of account number <u>7631</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Credit card purchases</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$33,833.18</u>
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3.42	Nonpriority creditor's name and mailing address Clik Tech, Inc 12281 N. 120th Street Scottsdale, AZ 85259 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,353.50</u>
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Debtor	IQ Dental Supply, LLC Name _____	Case number (if known) _____
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3.43	Nonpriority creditor's name and mailing address Coltène/Whaledent Inc. Department 781842 PO Box 78000 Detroit, MI 48278-1842 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$28,466.54 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.44	Nonpriority creditor's name and mailing address CONAMCO S.A. de C.V. Medental Intl 3008 Palm Hill Dr Vista, CA 92084 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$4,047.50 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.45	Nonpriority creditor's name and mailing address Consolidated Paper Group, Inc P.O Box 51866 Bowling Green, KY 42104 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$6,623.20 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.46	Nonpriority creditor's name and mailing address Crosstex International PO Box 74008664 Chicago, IL 60674-8664 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$11,797.38 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.47	Nonpriority creditor's name and mailing address Crown Delta Corporation 1520 Front Street Yorktown Heights, NY 10598 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$257,266.77 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.48	Nonpriority creditor's name and mailing address Crown Seating 7300 South Tucson Way Centennial, CO 80112 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$15,697.50 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.49	Nonpriority creditor's name and mailing address Curtis Marsh 9 Beechwood Rd West Caldwell, NJ 07006 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$64.53 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	IQ Dental Supply, LLC	Case number (if known)	
	Name		
3.50	Nonpriority creditor's name and mailing address Cuting Edge Instrument, Inc P.O. Box 715602 Columbus, OH 43271-5602 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$109.60
3.51	Nonpriority creditor's name and mailing address Danville Materials 2875 Loker Avenue E Carlsbad, CA 92010 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,111.49
3.52	Nonpriority creditor's name and mailing address Darby Dental Supply LLC PO Box 26582 New York, NY 10087-6582 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$129.60
3.53	Nonpriority creditor's name and mailing address DCI Fulfilment Solutions 361 E Water St Gettysburg, PA 17325 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,336.21
3.54	Nonpriority creditor's name and mailing address DCI International Dental Components LLC Mail Stop 76 PO Box 4300 Portland, OR 97208 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,602.84
3.55	Nonpriority creditor's name and mailing address Dedeco International, Inc. 11617 State Route 97 Long Eddy, NY 12760-0244 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,011.87
3.56	Nonpriority creditor's name and mailing address Deepak / Keystone 480 S Democrat Road Gibbstown, NJ 08027 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>For Noticing Purposes Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor	IQ Dental Supply, LLC <small>Name</small>	Case number (if known) _____
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3.57	Nonpriority creditor's name and mailing address DeLar P.O. Box 226 Lake Oswego, OR 97034 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>For Noticing Purposes Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
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3.58	Nonpriority creditor's name and mailing address DenMat 1017 W Central Ave Lompoc, CA 93436 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$739.22</u>
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3.59	Nonpriority creditor's name and mailing address Dental Chair Adaptors PO Box 818 Big Bear City, CA 92314 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>For Noticing Purposes Only</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
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3.60	Nonpriority creditor's name and mailing address Dental Connections 114 41st Street Brooklyn, NY 11232-3320 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,170.00</u>
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3.61	Nonpriority creditor's name and mailing address DentaleZ / Custom Air 301 Lindenwood Drive Suite 100 Malvern, PA 19355 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$291.00</u>
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3.62	Nonpriority creditor's name and mailing address DentaleZ / Ramvac 301 Lindenwood Drive, Suite 100 Malvern, PA 19355 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$16,918.18</u>
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3.63	Nonpriority creditor's name and mailing address DentaleZ / Star Dental 301 Lindenwood Drive Suite 100 Malvern, PA 19355 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$7,728.00</u>
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Debtor	Name	Case number (if known)	
3.64	Nonpriority creditor's name and mailing address Dentamerica Inc 18688 E. San Jose Avenue City of Industry, CA 91748 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$286.00
3.65	Nonpriority creditor's name and mailing address Denti Smart 1810 Industrial Park Drive Suite A Grand Haven, MI 49417 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$156.00
3.66	Nonpriority creditor's name and mailing address Dentonics, Inc 2833 Tophill Road Monroe, NC 28110 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$708.00
3.67	Nonpriority creditor's name and mailing address Dentsply Caulk Dentsply International Inc. Dept. DNA P.O.Box 822462 Philadelphia, PA 19182-2462 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$124,935.80
3.68	Nonpriority creditor's name and mailing address Dentsply Maillefer Dentsply Maillefer Dept. TUL P.O.Box 822462 Philadelphia, PA 19182-2462 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$24,780.70
3.69	Nonpriority creditor's name and mailing address Dentsply Midwest Dentsply International Inc. Dept. DNA P.O.Box 822462 Philadelphia, PA 19182-2462 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$137.64
3.70	Nonpriority creditor's name and mailing address Dentsply Pharmaceutical Dentsply International Inc. Dept. DNA P.O.Box 822462 Philadelphia, PA 19182-2462 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$15,126.68

Debtor	IQ Dental Supply, LLC Name _____	Case number (if known) _____
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3.71	Nonpriority creditor's name and mailing address Dentsply Professional Dentsply International Inc. Dept. DNA P.O.Box 822462 Philadelphia, PA 19182-2462 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$111,357.82</u>
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3.72	Nonpriority creditor's name and mailing address Dentsply Rinn Dentsply International Inc. Dept. DNA P.O.Box 822462 Philadelphia, PA 19182-2462 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$11,282.47</u>
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3.73	Nonpriority creditor's name and mailing address Dexis LLC 450 Commerce Drive Quakertown, PA 18951 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$8,062.82</u>
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3.74	Nonpriority creditor's name and mailing address Dharma Research 5220 NW 72nd Avenue Bay #15 Miami, FL 33166 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,737.50</u>
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3.75	Nonpriority creditor's name and mailing address Diadent Group International Inc 11-3871 North Fraser Way Burnaby BC V5J5G6 CANADA Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$899.80</u>
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3.76	Nonpriority creditor's name and mailing address Directa, Inc (ContacEZ) PO Box 9004 Edgewood, NY 11717 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$635.25</u>
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3.77	Nonpriority creditor's name and mailing address Discover Bank PO Box 70176 Philadelphia, PA 19176-0176 Date(s) debt was incurred _____ Last 4 digits of account number <u>6555</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Credit card purchases</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$30,921.15</u>
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Debtor	IQ Dental Supply, LLC Name _____	Case number (if known) _____
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3.78	Nonpriority creditor's name and mailing address DMG America LLC 65 Challenger Road Suite 340 Ridgefield Park, NJ 07660 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$5,837.55 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.79	Nonpriority creditor's name and mailing address Dri-Angle/ Dental Health Products 4600 Witmer Industrial Estates Road Suite 8 Niagara Falls, NY 14305 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$537.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.80	Nonpriority creditor's name and mailing address E. C. Moore Company, Inc 13325 Leonard St PO Box 353 Dearborn, MI 48121 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$7,037.10 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.81	Nonpriority creditor's name and mailing address EcoGuard, Inc 700 S Battleground Ave #103 Grover, NC 28073 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$52,400.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.82	Nonpriority creditor's name and mailing address Emerson Healthcare PO Box 37835 Baltimore, MD 21297-7835 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$3,600.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.83	Nonpriority creditor's name and mailing address Enbio Corp 3535 Gravel Springs Rd Suite 205 Buford, GA 30519 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>For Noticing Purposes Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.84	Nonpriority creditor's name and mailing address Engle Dental Systems, LLC 7205 NW Evergreen PKWY Suite 100 Hillsboro, OR 97124 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$135.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	IQ Dental Supply, LLC Name _____	Case number (if known) _____
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3.85	Nonpriority creditor's name and mailing address Essential Dental Systems, Inc 89 Leuning Street South Hackensack, NJ 07606 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,271.16
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3.86	Nonpriority creditor's name and mailing address FedEx P.O. Box 371461 Pittsburgh, PA 15250-7461 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,413.18
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3.87	Nonpriority creditor's name and mailing address Flight Dental Systems 21 Kenview Blvd #9 Brampton, ON T6T 5G7 CANADA Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$197.50
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3.88	Nonpriority creditor's name and mailing address FlossAid Corporation PO Box 624 Santa Clara, CA 95052 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,098.40
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3.89	Nonpriority creditor's name and mailing address Flow X-Ray Corporation Flow Dental Corporation 133 Wolf Road Battleboro, NC 27809 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$579.42
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3.90	Nonpriority creditor's name and mailing address Focus Global 1057 Steeles Ave West Suite 81691 North York ON M2R 2S0 CANADA Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,099.20
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3.91	Nonpriority creditor's name and mailing address Forest Dental 301 Lindenwood Drive Suite 100 Malvern, PA 19355 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$108,093.30
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Debtor	IQ Dental Supply, LLC Name _____	Case number (if known) _____
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3.92	Nonpriority creditor's name and mailing address G&H Orthodontics G & H Wire Company 2165 Earlywood Drive Franklin, IN 46131 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$164.78
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3.93	Nonpriority creditor's name and mailing address GC America Inc. 3737 W. 127th St Alsip, IL 60803 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$164,678.23
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3.94	Nonpriority creditor's name and mailing address George Taub Products 277 New York Ave Jersey City, NJ 07307 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$234.78
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3.95	Nonpriority creditor's name and mailing address Gill Mechanical Company PO Box 24628 Eugene, OR 97402 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,311.10
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3.96	Nonpriority creditor's name and mailing address Gingi-Pak 4825 Calle Alto Camarillo, CA 93012 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,311.10
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3.97	Nonpriority creditor's name and mailing address Great Plains Dental Product, Inc 111 East A Avenue P.O.Box 515 Kingman, KS 67068 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,035.00
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3.98	Nonpriority creditor's name and mailing address Hager Worldwide 441 19th Street SE Hickory, NC 28602 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,001.02
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Debtor	IQ Dental Supply, LLC Name _____	Case number (if known) _____
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3.99	Nonpriority creditor's name and mailing address Headsets com 211 Austin St San Francisco, CA 94109 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$165.99
<hr/>			
3.100	Nonpriority creditor's name and mailing address Heartsmart.com / Phillips P.O.Box 1301 New Milford, CT 06776 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,452.69
<hr/>			
3.101	Nonpriority creditor's name and mailing address Hexa Dental 5211 E. Washington Blvd Ste#2-201 Commerce, CA 90040 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$61.00
<hr/>			
3.102	Nonpriority creditor's name and mailing address Holmes Dental Company 50 S. Penn Street Hatboro, PA 19040 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$851.87
<hr/>			
3.103	Nonpriority creditor's name and mailing address Hooker Sale Co. Inc. PO Box 491333 Leesburg, FL 34749-1333 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,610.00
<hr/>			
3.104	Nonpriority creditor's name and mailing address HPTC, Inc 20793 Farmington Road Farmington, MI 48336 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,736.63
<hr/>			
3.105	Nonpriority creditor's name and mailing address Hu-Friedy 29254 Network Place Chicago, IL 60673-1292 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$46,070.87

Debtor	IQ Dental Supply, LLC <small>Name</small>	Case number (if known) _____
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3.106	Nonpriority creditor's name and mailing address IC Care 2652 McGaw Ave Irvine, CA 92614 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$227.68
3.107	Nonpriority creditor's name and mailing address IDS 920 W. 84th Street Hialeah, FL 33014 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,772.65
3.108	Nonpriority creditor's name and mailing address Integra LifeSciences Sales LLC. P.O.Box 404129 Atlanta, GA 30384-4129 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,459.94
3.109	Nonpriority creditor's name and mailing address Isolate Systems 12 Air Fluid Innovations, Inc. 14 Valleywood Dr Huntington Station, NY 11746 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,370.00
3.110	Nonpriority creditor's name and mailing address Ivoclar Vivadent 175 Pineview Drive Amherst, NY 14228 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,554.24
3.111	Nonpriority creditor's name and mailing address J&J Instruments, LLC 1666 East Touhy Avenue Des Plaines, IL 60018 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$26,599.90
3.112	Nonpriority creditor's name and mailing address Jarahi International P.O.Box 645 Lake Hopatcong, NJ 07849 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,373.90

Debtor	IQ Dental Supply, LLC Name _____	Case number (if known) _____
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3.113	Nonpriority creditor's name and mailing address Jay H Katz 450 Seventh Ave, Suite 1308 New York, NY 10123 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$880.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.114	Nonpriority creditor's name and mailing address Jazz Imaging 770 Charcot Ave Suite 100 San Jose, CA 95131 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>For Noticing Purposes Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.115	Nonpriority creditor's name and mailing address Johnson-Promident PO Box 734047 Chicago, IL 60673-1257 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$878.13 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.116	Nonpriority creditor's name and mailing address JR Rand Corporation 300 Buffalo Ave Freeport, NY 11520 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$964.80 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.117	Nonpriority creditor's name and mailing address KaVo Dental 11727 Fruehauf Drive Charlotte, NC 28273 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$17,282.55 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.118	Nonpriority creditor's name and mailing address Kerr Kerr Corporation (Lockbox 14338) 540 W.Madison,4th Floor Chicago, IL 60661 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$42,811.08 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.119	Nonpriority creditor's name and mailing address Keystone Industries 480 S. Democrat Road Gibbstown, NJ 08027 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,817.75 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	IQ Dental Supply, LLC <small>Name</small>		Case number (if known)
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3.120	Nonpriority creditor's name and mailing address Kinetic Instruments Inc 17 Berkshire Boulevard Bethel, CT 06801 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00 Basis for the claim: <u>For Noticing Purposes Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.121	Nonpriority creditor's name and mailing address Kulzer, LLC 24646 Network Place Chicago, IL 60673-1246 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$26,615.35 Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes
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3.122	Nonpriority creditor's name and mailing address Kuraray America, Inc. PO Box 123122 Dallas, TX 75312-3122 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$38,108.85 Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes
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3.123	Nonpriority creditor's name and mailing address L&R Manufacturing 577 Elm Street P.O. Box 607 Kearny, NJ 07032-0607 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,532.90 Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes
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3.124	Nonpriority creditor's name and mailing address L.L.Bean Inc. Financial Accounting Services PO Box 1847 Albany, NY 12201-1847 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,215.37 Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes
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3.125	Nonpriority creditor's name and mailing address Larissa Kunin Starr, Gern, Davison & Rubin PC Attn: Bruce Pitman & Alona Magidova 105 Eisenhower Parkway, Suite 401 Roseland, NJ 07068 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 Basis for the claim: <u>For Noticing Purposes Only</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes
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3.126	Nonpriority creditor's name and mailing address Lexus Financial Services PO Box 659820 San Antonio, TX 78265-9120 Date(s) debt was incurred ____ Last 4 digits of account number <u>0549</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$23,903.79 Basis for the claim: <u>Credit card purchases</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor Name	Case number (if known)
IQ Dental Supply, LLC	
3.127 Nonpriority creditor's name and mailing address LG H&H USA, INC. PO Box 894495 Los Angeles, CA 90189-4495 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$7,700.40 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.128 Nonpriority creditor's name and mailing address LumaLite, Inc. 2830 Via Orange Way Suite B Purchase, NY 10577 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$108.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.129 Nonpriority creditor's name and mailing address Luxury Card PO Box 13337 Philadelphia, PA 19101-3337 Date(s) debt was incurred ____ Last 4 digits of account number <u>6236</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$32,905.66 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Credit card purchases</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.130 Nonpriority creditor's name and mailing address Madison Pension Services Concierge Retirement Services Inc. 2500 Westchester Avenue, Suite 106 Purchase, NY 10577 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$677.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.131 Nonpriority creditor's name and mailing address Mainline Medical Dental Supplies 100-102 Rossdean Drive New York ON M9L 2S1 CANADA Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$24,000.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.132 Nonpriority creditor's name and mailing address Matthew E. Frisch, Esq. Pashman Stein Walder Hayden PC Court Plaza South, 21 Main St #200 Plainfield, NJ 07061 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>For Noticing Purposes Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.133 Nonpriority creditor's name and mailing address Maximum Dental 9 Branwood Drive Dix Hills, NY 11746 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$162.68 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Name	Case number (if known)
IQ Dental Supply, LLC	
3.134 Nonpriority creditor's name and mailing address MCC Modular & Custom Cabinets 10721 Keele Street N PO Box 580 Maple ON L6A 1S5 CANADA Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$27,000.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.135 Nonpriority creditor's name and mailing address Medicom AMD Medicom Inc. 6054 Shook Road Suite 200 Lockbourne, OH 43137 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$8,887.40 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.136 Nonpriority creditor's name and mailing address Medtexx Semperit Investments Asia Pte Ltd (SIA) 8 Jurong Town Hall Road #12-05/06 JTC Summit 609434 SINGAPORE Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>For Noticing Purposes Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.137 Nonpriority creditor's name and mailing address Meisinger 10150 E. Easter Ave Centennial, CO 80112 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$971.75 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.138 Nonpriority creditor's name and mailing address Metrex Metrex Research LLC (Lockbox 14340) 540 W. Madison, 4th Floor Chicago, IL 60661 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$33,945.88 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.139 Nonpriority creditor's name and mailing address Microbrush International 25788 Network Place Chicago, IL 60673-1257 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>For Noticing Purposes Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.140 Nonpriority creditor's name and mailing address Microcopy 3120 Moon Station Rd Kennesaw, GA 30144-2765 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$5,121.90 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Name	Case number (if known)
IQ Dental Supply, LLC	
3.141 Nonpriority creditor's name and mailing address Microtech 3030 S. Fairview St, Suite A Santa Ana, CA 92704 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>For Noticing Purposes Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.142 Nonpriority creditor's name and mailing address Midmark 60 Vista Drive Versailles, OH 45380 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$80,679.21 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.143 Nonpriority creditor's name and mailing address Mizzy / Keystone 480 S Democrat Road Gibbstown, NJ 08027 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$413.60 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.144 Nonpriority creditor's name and mailing address Moore Medical LLC / McKesson 1690 New Britain Avenue Farmington, CT 06032 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,462.21 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.145 Nonpriority creditor's name and mailing address MTI Dental Products 730 Airport Road Unit 1 Lakewood, NJ 08701 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>For Noticing Purposes Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.146 Nonpriority creditor's name and mailing address Myco Medical PO Box 896578 Charlotte, NC 28289-6578 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$11,860.30 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.147 Nonpriority creditor's name and mailing address NDC Inc. 402 BNA Drive, Suite 500 Nashville, TN 37217 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$230,718.27 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	IQ Dental Supply, LLC	Case number (if known)	
	Name		
3.148	Nonpriority creditor's name and mailing address NetSuite, Inc. Celigo, Inc Dept 0402 PO Box 120402 Dallas, TX 75312-0402 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$14,631.01
3.149	Nonpriority creditor's name and mailing address Noel's Installation LLC 5919 Summerdale Ave Philadelphia, PA 19149 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>For Noticing Purposes Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.150	Nonpriority creditor's name and mailing address Nordent Manufacturing Inc. 610 Bonnie Lane Elk Grove Village, IL 60007 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,642.93
3.151	Nonpriority creditor's name and mailing address NSK America 1800 Global Parkway Hoffman Estates, IL 60192 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$13,276.71
3.152	Nonpriority creditor's name and mailing address Ortech Controls 14739 Aurora Ave N UNIT 120 Seattle, WA 98133 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$48.50
3.153	Nonpriority creditor's name and mailing address OrthoQuest/Plak Smacker PO Box 734362 Chicago, IL 60673 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$483.99
3.154	Nonpriority creditor's name and mailing address Pac-Dent, Inc 670 Endeavor Circle Brea, CA 92821 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,453.60

Debtor	IQ Dental Supply, LLC Name	Case number (if known) _____
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3.155	Nonpriority creditor's name and mailing address Palmero Health Care 120 Goodwin Place Stratford, CT 06615-6713 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$6,973.70 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.156	Nonpriority creditor's name and mailing address Parkell 300 Executive Drive PO Box 9004 Brentwood, NY 11717 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$13,314.04 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.157	Nonpriority creditor's name and mailing address Parker Hannfin Cor / Porter Instrument 7930 Collection Center Drive Chicago, IL 60693 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,869.40 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.158	Nonpriority creditor's name and mailing address Parts Warehouse 309 Judson Lynden, WA 98264 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,400.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.159	Nonpriority creditor's name and mailing address Pascal International, Inc 2929 NE Northup Way Bellevue, WA 98004 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$5,670.70 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.160	Nonpriority creditor's name and mailing address PDT Inc 8275 Highway 10 West PO Box 17980 Missoula, MT 59808 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$8,836.89 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.161	Nonpriority creditor's name and mailing address Pentron /Kerr Corp. 14338 Collection Center Drive Chicago, IL 60693 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$4,574.04 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	IQ Dental Supply, LLC Name _____	Case number (if known) _____
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3.162	Nonpriority creditor's name and mailing address Pinnacle Pinnacle (Lockbox 14340) 540 W.Madison,4th Floor Chicago, IL 60661 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$6,202.53 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.163	Nonpriority creditor's name and mailing address PIX Minimax 133 Wolf Road Battleboro, NC 27809 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$5,312.60 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.164	Nonpriority creditor's name and mailing address PKF O'Connor Davies,LLP 300 Tice Boulevard Suite 315 Woodcliff Lake, NJ 07677 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$14,000.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.165	Nonpriority creditor's name and mailing address Plasdent Corporation 969 Price Street Pomona, CA 91767 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$18,311.30 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.166	Nonpriority creditor's name and mailing address Polaroid Dental Imaging 8 Jay Court Monsey, NY 10952 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>For Noticing Purposes Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.167	Nonpriority creditor's name and mailing address Premier PO Box 825429 Philadelphia, PA 19182-5429 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$24,013.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.168	Nonpriority creditor's name and mailing address Preventech PO Box 1409 Indian Trail, NC 28079 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$19,847.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	IQ Dental Supply, LLC <small>Name</small>	Case number (if known)
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3.169	Nonpriority creditor's name and mailing address ProEdge Dental Product 7042 S Revere Parkway, Suite 400 Centennial, CO 80112 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,056.00
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3.170	Nonpriority creditor's name and mailing address Proma 730 East Kingshill Place Carson, CA 90746-1392 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>For Noticing Purposes Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.171	Nonpriority creditor's name and mailing address ProxySoft Worldwide, Inc 17 C Trowbridge Drive Bethel, CT 06801 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,585.50
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3.172	Nonpriority creditor's name and mailing address Pulpdent Corp P.O. BOX 780 Watertown, MA 02471-0780 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$12,138.55
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3.173	Nonpriority creditor's name and mailing address PuraGraft 22001 Northpark Drive, Suite 700 Kingwood, TX 77339 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$87.95
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3.174	Nonpriority creditor's name and mailing address Quality Aspirators PO Box 382120 Duncanville, TX 75138 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$187.20
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3.175	Nonpriority creditor's name and mailing address Quality Dental 42 Rutland Road Hempstead, NY 11550 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$46,569.99
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Debtor	IQ Dental Supply, LLC Name _____	Case number (if known) _____
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3.176	Nonpriority creditor's name and mailing address RAY America 400 Kelby St .Ste 1500 Fort Lee, NJ 07024 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>For Noticing Purposes Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
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3.177	Nonpriority creditor's name and mailing address Rebec PO Box 658 Edmonds, WA 98020 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$685.61</u>
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3.178	Nonpriority creditor's name and mailing address Replacement Parts Industries, Inc PO Box 713198 Chicago, IL 60677-0398 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$815.26</u>
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3.179	Nonpriority creditor's name and mailing address Revon Solutions Incorporated 184 South Livingston Ave STE 9#306 Livingston, NJ 07039 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$329.40</u>
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3.180	Nonpriority creditor's name and mailing address Richmond Dental Company Dept.720082 PO Box 1335 Charlotte, NC 28201-1335 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,739.56</u>
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3.181	Nonpriority creditor's name and mailing address Roydent 608 Rolling Hills Drive Johnson City, TN 37604 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$11,176.20</u>
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3.182	Nonpriority creditor's name and mailing address Sable Industries Inc 100 Campbell Ave., Suite 5 Kitchener ON N2H 4X8 CANADA Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$4,373.32</u>
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Debtor	IQ Dental Supply, LLC Name _____	Case number (if known) _____
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3.183	Nonpriority creditor's name and mailing address Safe-Dent Enterprises LLC 4 Orchard Hill Drive Monsey, NY 10952 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$49,437.75
3.184	Nonpriority creditor's name and mailing address Safe-Vac 6745 Elegante Way San Diego, CA 92130 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>For Noticing Purposes Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.185	Nonpriority creditor's name and mailing address Sanford Levine & Sons 400 Rt 46 East Fairfield, NJ 07004 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,621.11
3.186	Nonpriority creditor's name and mailing address SDI 1279 Hamilton Parkway Itasca, IL 60143 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$17,912.81
3.187	Nonpriority creditor's name and mailing address Septodont 205 Granite Run Drive, Suite 150 Lancaster, PA 17601 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$54,673.71
3.188	Nonpriority creditor's name and mailing address Sergey Kunin 78 Weinmanns Blvd. Wayne, NJ 07470 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Loan</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$308,741.00
3.189	Nonpriority creditor's name and mailing address Sherman Specialty Company 300 Jericho Quadrangle Suite 240 West Jericho, NY 11753 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9.54

Debtor Name	Case number (if known)
IQ Dental Supply, LLC	
3.190 Nonpriority creditor's name and mailing address Shofu Dental Corporation 1225 Stone Drive San Marcos, CA 92078-4059 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$28,687.63 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.191 Nonpriority creditor's name and mailing address Solmetex 50 Bearfoot Road Northborough, MA 01532 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$13,145.53 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.192 Nonpriority creditor's name and mailing address South East Instruments, LLC Pac-Dent 670 Endeavor Circle Brea, CA 92821 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$9,566.14 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.193 Nonpriority creditor's name and mailing address Southeast Medical Products, Inc 5524 Commerce Dr Orlando, FL 32839 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,789.35 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.194 Nonpriority creditor's name and mailing address Spring Health Products 705 General Washington Ave, Suite 701 Norristown, PA 19403 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,798.95 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.195 Nonpriority creditor's name and mailing address SprintRay Inc. 3577 N Figueroa St Los Angeles, CA 90065 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>For Noticing Purposes Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.196 Nonpriority creditor's name and mailing address SS White Burs, Inc. 1145 Towbin Avenue Lakewood, NJ 08701 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$5,430.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Name	Case number (if known)
IQ Dental Supply, LLC	
3.197 Nonpriority creditor's name and mailing address Strauss Diamond Instruments Inc. 9 Florida Park Drive N. Palm Coast, FL 32137 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$763.84 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.198 Nonpriority creditor's name and mailing address Suburban Propane PO Box J Whippany, NJ 07981-0409 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$90.97 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.199 Nonpriority creditor's name and mailing address Summit Dental Systems 1280 SW 27 Avenue Pompano Beach, FL 33069 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$314.90 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.200 Nonpriority creditor's name and mailing address Suni Medical Imaging 6840 Via Del Oro, Suite 160 San Jose, CA 95119 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>For Noticing Purposes Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.201 Nonpriority creditor's name and mailing address Superior Handling Solutions PO Box 257 Howell, NJ 07731-0257 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$181.26 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.202 Nonpriority creditor's name and mailing address Superior Upholstery 2103 W Church St. Orlando, FL 32805 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$414.50 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.203 Nonpriority creditor's name and mailing address Surgical Esthetics 19355 Business Center Drive Unit #8 Northridge, CA 91324 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$3,671.02 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	IQ Dental Supply, LLC Name _____	Case number (if known) _____
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3.204	Nonpriority creditor's name and mailing address Surgical Specialties Corporation 1100 Berkshire Blvd, Suite 308 Wyomissing, PA 19610 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,558.69
3.205	Nonpriority creditor's name and mailing address SympliBrush 1562 1st Ave. New York, NY 10028 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$380.00
3.206	Nonpriority creditor's name and mailing address Takara Belmont USA, Inc PO Box 358141 Pittsburgh, PA 15251-5141 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$13,735.80
3.207	Nonpriority creditor's name and mailing address TD Bank 1701 Marlton Pike E Cherry Hill, NJ 08003 Date(s) debt was incurred _____ Last 4 digits of account number <u>6848</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Credit card purchases</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$48,085.95
3.208	Nonpriority creditor's name and mailing address Teal's Express, Inc. PO Box 6010 Watertown, NY 13601 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>For Noticing Purposes Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.209	Nonpriority creditor's name and mailing address Temrex Corp. 300 Buffalo Ave Freeport, NY 11520 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$641.18
3.210	Nonpriority creditor's name and mailing address TForce Freight 28013 Network Place Chicago, IL 60673-1280 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$641.18

Debtor	IQ Dental Supply, LLC Name	Case number (if known)
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3.211	Nonpriority creditor's name and mailing address The Dental Repair Specialist, LLC 27 Arcturus Drive Sewell, NJ 08080 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$80.00
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3.212	Nonpriority creditor's name and mailing address The Hospitality Group Limited Wilmslow Road Didsbury Manchester M20 5WZ Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,389.60
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3.213	Nonpriority creditor's name and mailing address Tokuyama Dental America Inc 740 Garden View Court, Suite 200 Encinitas, CA 92024 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,981.73
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3.214	Nonpriority creditor's name and mailing address TPC Advanced Technology 851 S.Lawson Street City of Industry, CA 91748 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,629.50
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3.215	Nonpriority creditor's name and mailing address Tuttnauer PO Box 23279 New York, NY 10087-3279 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,129.77
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3.216	Nonpriority creditor's name and mailing address UDM 608 Rolling Hills Drive Johnson City, TN 37601 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$14,042.20
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3.217	Nonpriority creditor's name and mailing address Uline 2200 S Lakeside Drive Waukegan, IL 60085 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,277.83
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Debtor	IQ Dental Supply, LLC Name _____	Case number (if known) _____
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3.218	Nonpriority creditor's name and mailing address UMG Medical Imaging 28 Calvert Street Harrison, NY 10528 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,770.00
<hr/>			
3.219	Nonpriority creditor's name and mailing address Unimed-Midwest, Inc 21875 Grenada Avenue Lakeville, MN 55044 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>For Noticing Purposes Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<hr/>			
3.220	Nonpriority creditor's name and mailing address ValuMax International, Inc 848 Hausmnan Road Allentown, PA 18104 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,950.05
<hr/>			
3.221	Nonpriority creditor's name and mailing address Vaniman 140 N. Brandon Rd Fallbrook, CA 92028 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>For Noticing Purposes Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<hr/>			
3.222	Nonpriority creditor's name and mailing address Vatech America Inc. 2200 Fletcher Avenue Suite 705A Fort Lee, NJ 07024 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$145,897.00
<hr/>			
3.223	Nonpriority creditor's name and mailing address Vector 69th Ave. West University Tacoma, WA 98466 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,450.00
<hr/>			
3.224	Nonpriority creditor's name and mailing address Vector R & D Inc. 6824 19th St. #230 University Place, WA 98466 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$120.00

Debtor	IQ Dental Supply, LLC Name _____	Case number (if known) _____
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3.225	Nonpriority creditor's name and mailing address Velopex International, Inc. 105 East 17th Street Saint Cloud, FL 34769 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$498.84 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.226	Nonpriority creditor's name and mailing address Villa Radiology Systems 199 Park Road Ext.; Suite 107 Middlebury, CT 06762 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$125.80 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.227	Nonpriority creditor's name and mailing address Vista Dental Products 2200 South Street Racine, WI 53404 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$3,644.84 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.228	Nonpriority creditor's name and mailing address VITA North America 22705 Savi Ranch Pkwy; Suite 100 Yorba Linda, CA 92887 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$5,616.96 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.229	Nonpriority creditor's name and mailing address W.B.Mason W.B.Mason Co., Inc PO Box 981101 Boston, MA 02298-1101 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,227.94 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.230	Nonpriority creditor's name and mailing address Water Pik, Inc P.O.Box 74008464 Chicago, IL 60674-8464 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,884.47 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.231	Nonpriority creditor's name and mailing address Xttrium Laboratories 1200 E Business Center Dr Mount Prospect, IL 60056-6041 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$690.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor **IQ Dental Supply, LLC** Case number (if known) _____
Name

3.232 Nonpriority creditor's name and mailing address **Young Denticator**
Young Dental Manufacturing I, LLC
25787 Network Place
Chicago, IL 60673-1257
Date(s) debt was incurred _____
Last 4 digits of account number _____
As of the petition filing date, the claim is: *Check all that apply.* **\$11,017.59**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: **Trade debt**
Is the claim subject to offset? ☒ No ☐ Yes

3.233 Nonpriority creditor's name and mailing address **Zhermack, Inc**
PO Box 4195
River Edge, NJ 07661-4195
Date(s) debt was incurred _____
Last 4 digits of account number _____
As of the petition filing date, the claim is: *Check all that apply.* **\$1,734.00**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: **Trade debt**
Is the claim subject to offset? ☒ No ☐ Yes

3.234 Nonpriority creditor's name and mailing address **Zirc Dental Products**
3918 Hwy 55 SE
Buffalo, MN 55313
Date(s) debt was incurred _____
Last 4 digits of account number _____
As of the petition filing date, the claim is: *Check all that apply.* **\$5,492.59**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: **Trade debt**
Is the claim subject to offset? ☒ No ☐ Yes

Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

Name and mailing address

On which line in Part 1 or Part 2 is the related creditor (if any) listed?

Last 4 digits of account number, if any

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1

Total of claim amounts
5a. \$ **0.00**

5b. Total claims from Part 2

5b. + \$ **4,712,912.24**

5c. Total of Parts 1 and 2
Lines 5a + 5b = 5c.

5c. \$ **4,712,912.24**

Fill in this information to identify the case:

Debtor name **IQ Dental Supply, LLC**

United States Bankruptcy Court for the: **DISTRICT OF NEW JERSEY**

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

☐ No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.

☒ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal* (Official Form 206A/B). *Property*

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.1. State what the contract or lease is for and the nature of the debtor's interest **Business Agreement**

State the term remaining

List the contract number of any government contract _____

Amazon Services Business Solutions
410 Terry Ave N
Seattle, WA 98109

2.2. State what the contract or lease is for and the nature of the debtor's interest **Lease for Sharp Copier**

State the term remaining

List the contract number of any government contract _____

De Lage Landen Financial Services Inc
1111 Old Eagle School Road
Wayne, PA 19087

2.3. State what the contract or lease is for and the nature of the debtor's interest **Lease for water cooler**

State the term remaining

List the contract number of any government contract _____

DS Business Life Simplified
151 W Sumner Ave
Kenilworth, NJ 07033

Debtor 1 **IQ Dental Supply, LLC**

First Name

Middle Name

Last Name

Case number (if known)

Additional Page if You Have More Contracts or Leases

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.4. State what the contract or lease is for and the nature of the debtor's interest

3 year real estate lease commencing in September 2023 for property located at 151-4 W. Industry Court, Deer Park, NY 11729

State the term remaining

List the contract number of any government contract

**F.G.N. Associates
c/o Finch Realty
55 Central Ave
Farmingdale, NY 11735**

2.5. State what the contract or lease is for and the nature of the debtor's interest

**8 year real estate lease commencing on 3/1/21 located at 353C Route 46W, Fairfield New Jersey
6 years**

State the term remaining

List the contract number of any government contract

**LMAN LNT LLC
d/b/a Fairfield Business Center
PO Box 180240
Brooklyn, NY 11218**

2.6. State what the contract or lease is for and the nature of the debtor's interest

5 year real estate lease commencing on 9/30/20 at I-35 Business Center, Building 3, located at 12100 Crownpoint, Suite 120, San Antonio, Texas 78233

State the term remaining

List the contract number of any government contract

**TC II Land LLP
100 Sandau Rd., Ste. 300
San Antonio, TX 78216**

Fill in this information to identify the case:

Debtor name IQ Dental Supply, LLC

United States Bankruptcy Court for the: DISTRICT OF NEW JERSEY

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206H Schedule H: Your Codebtors

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Do you have any codebtors?

☐ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.

☒ Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: Codebtor

Column 2: Creditor

Name

Mailing Address

Name

Check all schedules that apply:

2.1	IQ Dental Supply, Inc.	353 Route 46W, Building C, Unit 120 Fairfield, NJ 07004	East West Bank	<input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.2	Sergey Kunin	78 Weinmanns Blvd. Wayne, NJ 07470	East West Bank	<input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.3	SGD International Inc.	Neil L. Prupis, Esq. Wilson Elser 7 Giralda Farms Madison, NJ 07940	East West Bank	<input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.4	SGD International Inc.	Donna S. Allman, Director The Grove, 31 Pine Rd, Belleville St Michael, BB11113 BARBADOS	East West Bank	<input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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Debtor IQ Dental Supply, LLC Case number (if known) _____

Additional Page to List More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor

Column 2: Creditor

2.5	Alliance Dental Supply Inc.	151-4 W. Industry Court Deer Park, NY 11729	F.G.N. Associates	<input type="checkbox"/> D _____
				<input type="checkbox"/> E/F _____
				<input checked="" type="checkbox"/> G <u>2.4</u>

Fill in this information to identify the case:

Debtor name IQ Dental Supply, LLC

United States Bankruptcy Court for the: DISTRICT OF NEW JERSEY

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 207

Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy

04/22

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

Part 1: Income

1. Gross revenue from business

☐ None.

Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year

From the beginning of the fiscal year to filing date:
From 1/01/2023 to Filing Date

Sources of revenue
Check all that apply

☒ Operating a business
☐ Other _____

Gross revenue
(before deductions and exclusions)

\$18,274,898.00

For prior year:
From 1/01/2022 to 12/31/2022

☒ Operating a business
☐ Other _____

\$28,929,734.00

For year before that:
From 1/01/2021 to 12/31/2021

☒ Operating a business
☐ Other _____

\$32,631,940.00

2. Non-business revenue

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

☒ None.

Description of sources of revenue

Gross revenue from each source
(before deductions and exclusions)

Part 2: List Certain Transfers Made Before Filing for Bankruptcy

3. Certain payments or transfers to creditors within 90 days before filing this case

List payments or transfers—including expense reimbursements—to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$7,575. (This amount may be adjusted on 4/01/25 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

☐ None.

Creditor's Name and Address

Dates

Total amount of value

Reasons for payment or transfer
Check all that apply

Debtor **IQ Dental Supply, LLC**

Case number (if known) _____

Creditor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer <i>Check all that apply</i>
3.1. American Express PO Box 1270 Newark, NJ 07101-1270	8/30/2023-11/28/2023	\$1,423,333.14	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other Credit card
3.2. East West Bank 9300 Flair Drive, 6th Floor El Monte, CA 91731	8/30/2023-11/28/2023	\$4,238,982.18	<input checked="" type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other ____
3.3. Bank of America 3558 James Avenue N Minneapolis, MN 55412-2438	8/30/2023-11/28/2023	\$467,062.66	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other Credit card
3.4. Aidite (Qinhuangdoa) Technology Co. Advanced Dental Materials 600 Technology Park Suite 108 Lake Mary, FL 32746	8/30/2023-11/28/2023	\$291,002.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other ____
3.5. LMAN LNT LLC d/b/a Fairfield Business Center PO Box 180240 Brooklyn, NY 11218	8/30/2023-11/28/2023	\$143,735.04	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other Rent
3.6. Septodont 205 Granite Run Drive, Suite 150 Lancaster, PA 17601	8/30/2023-11/28/2023	\$139,117.34	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other ____
3.7. Quality Dental 42 Rutland Road Hempstead, NY 11550	8/30/2023-11/28/2023	\$82,312.07	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other ____
3.8. Crown Delta Corporation 1520 Front Street Yorktown Heights, NY 10598	8/30/2023-11/28/2023	\$79,460.77	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other ____

Debtor **IQ Dental Supply, LLC**

Case number (if known) _____

Creditor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer <i>Check all that apply</i>
3.9. CHUBB PO Box 382001 Pittsburgh, PA 15250-8001	8/30/2023-11/28/2023	\$77,696.97	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u>Insurance</u>
3.10 Oxford Health Plans Horizon BCBS PO Box 10130 Newark, NJ 07101-3130	8/30/2023-11/28/2023	\$77,689.38	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u>Insurance</u>
3.11 Luxury Card P.O.Box 13337 Philadelphia, PA 19101-3337	8/30/2023-11/28/2023	\$68,426.03	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other ____
3.12 MCC Modular & Custom Cabinets 10721 Keele Street N PO Box 580 Maple ON L6A 1S5 CANADA	8/30/2023-11/28/2023	\$50,031.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other ____
3.13 Lexus Financial Services P.O. Box 659820 San Antonio, TX 78265-9120	8/30/2023-11/28/2023	\$49,664.67	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u>Credit Card</u>
3.14 Kerr Kerr Corporation (Lockbox 14338) 540 W.Madison,4th Floor Chicago, IL 60661	8/30/2023-11/28/2023	\$48,971.62	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other ____
3.15 RAY America 400 Kelby St .Ste 1500 Fort Lee, NJ 07024	8/30/2023-11/28/2023	\$41,995.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other ____
3.16 Discover Bank PO Box 70176 Philadelphia, PA 19176-0176	8/30/2023-11/28/2023	\$36,488.20	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u>Credit card</u>

Debtor **IQ Dental Supply, LLC**

Case number (if known) _____

Creditor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer <i>Check all that apply</i>
3.17 CitiCard PO Box 70166 Philadelphia, PA 19176-0166	8/30/2023-11/ 28/2023	\$34,237.59	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other Credit card
3.18 Parkell 300 Executive Drive PO Box 9004 Brentwood, NY 11717	8/30/2023-11/ 28/2023	\$30,185.98	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other ____
3.19 PIX Minimax 133 Wolf Road Battleboro, NC 27809	8/30/2023-11/ 28/2023	\$25,600.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other ____
3.20 Greater New York Dental Meeting 200 West 41St Street, Suite 1101 New York, NY 10036-7203	8/30/2023-11/ 28/2023	\$24,620.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other ____
3.21 TC II Land,LP 100 Sandau Rd., Ste. 300 San Antonio, TX 78216	8/30/2023-11/ 28/2023	\$24,559.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other Rent
3.22 Mainline Medical Dental Supplies 100-102 Rossdean Drive North York, ON M9L 2S1 CANADA	8/30/2023-11/ 28/2023	\$24,000.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other ____
3.23 Metrex Metrex Research LLC (Lockbox 14340) 540 W.Madison, 4th Floor Chicago, IL 60661	8/30/2023-11/ 28/2023	\$22,827.80	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other ____
3.24 DMG America LLC 65 Challenger Road Suite 340 Ridgefield Park, NJ 07660	8/30/2023-11/ 28/2023	\$20,517.84	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other ____

Debtor **IQ Dental Supply, LLC**

Case number (if known) _____

Creditor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer <i>Check all that apply</i>
3.25 LG H&H USA, INC. PO Box 894495 Los Angeles, CA 90189-4495	8/30/2023-11/ 28/2023	\$19,145.40	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other___
3.26 Tuttnauer PO Box 23279 New York, NY 10087-3279	8/30/2023-11/ 28/2023	\$19,022.78	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other___
3.27 ProEdge Dental Product 7042 S Revere Parkway, Suite 400 Centennial, CO 80112	8/30/2023-11/ 28/2023	\$17,775.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other___
3.28 The Hartford P.O. Box 660916 Dallas, TX 75266-0916	8/30/2023-11/ 28/2023	\$17,751.98	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u>Insurance</u>
3.29 Pac-Dent, Inc 670 Endeavor Circle Brea, CA 92821	8/30/2023-11/ 28/2023	\$15,431.70	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other___
3.30 Xttrium Laboratories 1200 E Business Center Dr Mount Prospect, IL 60056-6041	8/30/2023-11/ 28/2023	\$15,180.48	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other___
3.31 Dentsply Maillefer Dentsply Mailefer Dept. TUL PO Box 822462 Philadelphia, PA 19182-2462	8/30/2023-11/ 28/2023	\$15,091.98	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other___
3.32 Reliance Dental MFG, Co. PO Box 38 Worth, IL 60482-0038	8/30/2023-11/ 28/2023	\$12,070.80	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other___

Debtor **IQ Dental Supply, LLC**

Case number (if known) _____

Creditor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer <i>Check all that apply</i>
3.33 KNK Medical Dental /Pro2 Solutions PO Box 38 Pinole, CA 94564	8/30/2023-11/28/2023	\$11,525.11	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.34 TD Bank 1701 Marlton Pike E Cherry Hill, NJ 08003	8/30/2023-11/28/2023	\$9,984.45	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other Credit card

4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$7,575. (This amount may be adjusted on 4/01/25 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

☐ None.

Insider's name and address Relationship to debtor	Dates	Total amount of value	Reasons for payment or transfer
4.1. Sergey Kunin 78 Weinmanns Blvd. Wayne, NJ 07470 Managing member	12/1/22 - 12/1/23	\$2,307.69	Salary
4.2. Yuliya Iskhakova 78 Weinmanns Blvd Wayne, NJ 07470 Debtor's landlord	12/1/22 - 12/1/23	\$23,400.00	Apartment rent for Sergey Kunin
4.3. Mainline Medical Dental Supplies 100-102 Rossdean Drive New York ON M9L 2S1 CANADA Entity related to SGD Intenational Inc.	12/1/22 - 12/1/23	\$108,000.00	Professional Fees

5. Repossessions, foreclosures, and returns

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

☒ None

Creditor's name and address	Describe of the Property	Date	Value of property
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6. Setoffs

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

☒ None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
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Part 3: Legal Actions or Assignments

Debtor **IQ Dental Supply, LLC**

Case number (if known)

7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

☐ None.

	Case title Case number	Nature of case	Court or agency's name and address	Status of case
7.1.	Sergey Kunin & IQ Dental Supply, LLC vs. Alex Blinetsky & Yuliya Dyuh ESX-DC-006066-22	Civil Action	Superior Court of New Jersey Law Division Essex County Special Civil 495 Dr. Martin Luther King, Jr. Blvd. Newark, NJ 07102	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded

8. Assignments and receivership

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

☒ None

Part 4: Certain Gifts and Charitable Contributions

9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000

☒ None

Recipient's name and address	Description of the gifts or contributions	Dates given	Value
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Part 5: Certain Losses

10. All losses from fire, theft, or other casualty within 1 year before filing this case.

☒ None

Description of the property lost and how the loss occurred	Amount of payments received for the loss	Dates of loss	Value of property lost
	<p>If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received.</p> <p>List unpaid claims on Official Form 106A/B (<i>Schedule A/B: Assets – Real and Personal Property</i>).</p>		

Part 6: Certain Payments or Transfers

11. Payments related to bankruptcy

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

☐ None.

Debtor **IQ Dental Supply, LLC**

Case number (if known)

	Who was paid or who received the transfer? Address	If not money, describe any property transferred	Dates	Total amount or value
11.1.	Trenk Isabel Siddiqi & Shahdandian P.C. 290 W. Mt. Pleasant Avenue Suite 2370 Livingston, NJ 07039	Attorney Fees	11/1/23	\$25,000.00
	Email or website address rtrenk@trenkisabel.law			
	Who made the payment, if not debtor? Alliance Dental Supply Inc.			
11.2.	Trenk Isabel Siddiqi & Shahdanian P.C. 290 W. Mt. Pleasant Avenue Suite 2370 Livingston, NJ 07039	Attorney Fees	12/5/23 & 12/6/23	\$50,000.00
	Email or website address rtrenk@trenkisabel.law			
	Who made the payment, if not debtor?			

12. Self-settled trusts of which the debtor is a beneficiary

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.
Do not include transfers already listed on this statement.

☒ None.

Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value
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13. Transfers not already listed on this statement

List any transfers of money or other property by sale, trade, or any other means made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

☒ None.

Who received transfer? Address	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
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Part 7: Previous Locations

14. Previous addresses

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

☒ Does not apply

Address	Dates of occupancy From-To
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Part 8: Health Care Bankruptcies

15. Health Care bankruptcies

Is the debtor primarily engaged in offering services and facilities for:
- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?

Debtor **IQ Dental Supply, LLC**

Case number (if known)

- ☒ No. Go to Part 9.
☐ Yes. Fill in the information below.

Facility name and address

Nature of the business operation, including type of services the debtor provides

If debtor provides meals and housing, number of patients in debtor's care

Part 9: Personally Identifiable Information

16. Does the debtor collect and retain personally identifiable information of customers?

- ☒ No.
☐ Yes. State the nature of the information collected and retained.

17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?

- ☐ No. Go to Part 10.
☒ Yes. Does the debtor serve as plan administrator?

☐ No Go to Part 10.

☒ Yes. Fill in below:

Name of plan

IQ Dental Supply, LLC 401(k) Plan

Employer identification number of the plan

EIN: **47-3723054**

Has the plan been terminated?

- ☒ No
☐ Yes

Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units

18. **Closed financial accounts**

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?
 Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

☒ None

Financial Institution name and Address

Last 4 digits of account number

Type of account or instrument

Date account was closed, sold, moved, or transferred

Last balance before closing or transfer

19. **Safe deposit boxes**

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

☒ None

Depository institution name and address

Names of anyone with access to it
Address

Description of the contents

Does debtor still have it?

20. **Off-premises storage**

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

Debtor **IQ Dental Supply, LLC**

Case number (if known) _____

☒ None

Facility name and address

Names of anyone with
access to it

Description of the contents

Does debtor
still have it?**Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own****21. Property held for another**

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

☐ None

Owner's name and address

Dr Krasnov & Dr Mikhailov
StomatCare DSO, LLC
333 SE 2nd Ave
Suite 2520
Miami, FL 33131

Location of the property

353 Route 46W, Building
C, Unit 120
Fairfield, NJ 07004

Describe the property

Used equipment

Value

Unknown

Part 12: Details About Environment Information

For the purpose of Part 12, the following definitions apply:

Environmental law means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).

Site means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.

Hazardous material means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

Report all notices, releases, and proceedings known, regardless of when they occurred.

22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.☒ No.☐ Yes. Provide details below.

Case title

Case number

Court or agency name and
address

Nature of the case

Status of case

23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?☒ No.☐ Yes. Provide details below.

Site name and address

Governmental unit name and
address

Environmental law, if known

Date of notice

24. Has the debtor notified any governmental unit of any release of hazardous material?☒ No.☐ Yes. Provide details below.

Site name and address

Governmental unit name and
address

Environmental law, if known

Date of notice

Part 13: Details About the Debtor's Business or Connections to Any Business**25. Other businesses in which the debtor has or has had an interest**

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

Debtor **IQ Dental Supply, LLC**

Case number (if known)

☐ None

Business name address	Describe the nature of the business	Employer identification number Do not include Social Security number or ITIN.
25.1. Alliance Dental Supply, Inc. 353 Route 46W, Building C, Unit 120 Fairfield, NJ 07004	Handles business outside the United States	Dates business existed EIN: 46-4424751 From-To 12/30/13 - current
25.2. IQ Dental Education Inc. 353 Route 46W, Building C, Unit 120 Fairfield, NJ 07004	Dental assistance education program	EIN: 81-4505578 From-To 11/17/2016 - current

26. **Books, records, and financial statements**

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

☐ None

Name and address	Date of service From-To
26a.1. Brian Block 353 Route 46W, Building C, Unit 120 Fairfield, NJ 07004	July 2021 - present
26a.2. PKF O'Connor Davies,LLP 300 Tice Boulevard Suite 315 Woodcliff Lake, NJ 07677	2021 - present

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

☒ None

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

☒ None

Name and address	If any books of account and records are unavailable, explain why
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26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

☒ None

Name and address

27. **Inventories**

Have any inventories of the debtor's property been taken within 2 years before filing this case?

☒ No

☐ Yes. Give the details about the two most recent inventories.

Name of the person who supervised the taking of the inventory	Date of inventory	The dollar amount and basis (cost, market, or other basis) of each inventory
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28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

Debtor **IQ Dental Supply, LLC**

Case number (if known)

Name	Address	Position and nature of any interest	% of interest, if any
Sergey Kunin	78 Weinmanns Blvd. Wayne, NJ 07470	Managing Member	50
SGD Intenational Inc.	Donna S. Allman, Director The Grove, 31 Pine Rd, Belleville St Michael, BB11113 BARBADOS	Member	50

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

- ☒ No
☐ Yes. Identify below.

30. Payments, distributions, or withdrawals credited or given to insiders

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

- ☐ No
☒ Yes. Identify below.

	Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
30.1	Yuliya Iskhakova 78 Weinmanns Blvd Wayne, NJ 07470	\$23,400	12/1/22 - 12/1/-23	Apartment rent for Sergey Kunin
	Relationship to debtor Debtor's Landlord			
30.2	Mainline Medical Dental Supplies 100-102 Rossdean Drive New York ON M9L 2S1 CANADA	108,000.00	12/1/22 - 12/1/23	Professional Fees
	Relationship to debtor Entity related to SGD Intenational Inc.			
30.3	Sergey Kunin 78 Weinmanns Blvd. Wayne, NJ 07470	\$2307.69	12/1/22 - 12/1/23	Salary
	Relationship to debtor Managing Member			

31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

- ☒ No
☐ Yes. Identify below.

Debtor IQ Dental Supply, LLC

Case number (if known) _____

Name of the parent corporation

Employer Identification number of the parent corporation

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

- ☒ No
☐ Yes. Identify below.

Name of the pension fund

Employer Identification number of the pension fund

Part 14: Signature and Declaration

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on December 8, 2023

/s/ Sergey Kunin

Signature of individual signing on behalf of the debtor

Sergey Kunin

Printed name

Position or relationship to debtor Managing Member

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

- ☒ No
☐ Yes

B2030 (Form 2030) (12/15)

**United States Bankruptcy Court
District of New Jersey**

In re **IQ Dental Supply, LLC**

Debtor(s)

Case No.

Chapter

11

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept	\$	Fees & expenses allowed by the Bankruptcy Court
Prior to the filing of this statement I have received	\$	\$50,000 retainer***
Balance Due	\$	Fees & expenses allowed by the Bankruptcy Court

2. The source of the compensation paid to me was:

☒ Debtor ☐ Other (specify):

3. The source of compensation to be paid to me is:

☒ Debtor ☐ Other (specify):

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- d. [Other provisions as needed]

General representation of the Debtor in this Chapter 11 case as set forth in the Application for Retention of Trenk Isabel Siddiqi & Shahdanian P.C., as counsel to the Debtor.

6. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

Representation of the debtors in any dischargeability actions, judicial lien avoidances, relief from stay actions or any other adversary proceeding.

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

December 8, 2023

Date

/s/ Richard D. Trenk

Richard D. Trenk

Signature of Attorney

Trenk Isabel Siddiqi & Shahdanian P.C.

290 W. Mt. Pleasant Avenue

Suite 2370

Livingston, NJ 07039

(973) 533-1000 Fax: (973) 533-1111

rtrenk@tisslaw.com

Name of law firm

***** Prior to the Petition Date, Trenk Isabel Siddiqi & Shahdanian P.C. ("TISS"), received and deposited in trust the sum of \$50,000.00, representing the retainer plus filing fees. TISS applied \$13,893.65 in payment of invoices for fees and the filing fees incurred prior to the Petition Date. TISS maintains a retainer of \$36,106.35.**

United States Bankruptcy Court
District of New Jersey

In re IQ Dental Supply, LLC

Debtor(s)

Case No.
Chapter

11

LIST OF EQUITY SECURITY HOLDERS

Following is the list of the Debtor's equity security holders which is prepared in accordance with rule 1007(a)(3) for filing in this Chapter 11 Case

Name and last known address or place of business of holder	Security Class	Number of Securities	Kind of Interest
Sergey Kunin 353 Route 46W, Building C, Unit 120 Fairfield, NJ 07004		50 percent	LLC Member
SGD Intenational Inc. Donna S. Allman, Director The Grove, 31 Pine Rd, Belleville St Michael, BB11113 BARBADOS		50 percent	LLC Member

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

I, the **Managing Member** of the corporation named as the debtor in this case, declare under penalty of perjury that I have read the foregoing List of Equity Security Holders and that it is true and correct to the best of my information and belief.

Date December 8, 2023

Signature /s/ Sergey Kunin
Sergey Kunin

Penalty for making a false statement of concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both.
18 U.S.C. §§ 152 and 3571.

**United States Bankruptcy Court
District of New Jersey**

In re **IQ Dental Supply, LLC**

Debtor(s)

Case No.

Chapter

11

VERIFICATION OF CREDITOR MATRIX

I, the Managing Member of the corporation named as the debtor in this case, hereby verify that the attached list of creditors is true and correct to the best of my knowledge.

Date: **December 8, 2023**

/s/ Sergey Kunin

Sergey Kunin/Managing Member

Signer/Title

3M Oral Care
PO Box 371227
Pittsburgh, PA 15250-7227

A-Titan Instruments
10 Centre Dr.
Hamburg, NY 14127

Accutron Inc.
P.O.Box 74007016
Chicago, IL 60674-7016

ACE Surgical Supply
1034 Pearl Street
PO Box 1710
Brockton, MA 02303

Acteon, Inc
124 Gaither Drive Suite 140
Mount Laurel, NJ 08054

AFP Imaging
ImageWorks
8 Westchester Plaza
Suite 112
Elmsford, NY 10523

Aidite (Qinhuangdao) Technology Co.
Advanced Dental Materials
600 Technology Park
Suite 108
Lake Mary, FL 32746

Air Techniques Products
1295 Walt Whitman Road
Melville, NY 11747

Align Technology/ iTero
PO Box 742531
Los Angeles, CA 90074-2531

Alliance Dental Supply Inc.
151-4 W. Industry Court
Deer Park, NY 11729

Aluwax Dental Product
P.O. Box 87
Allendale, MI 49401

Amazon Services Business Solutions
410 Terry Ave N
Seattle, WA 98109

American Eagle Instruments, Inc
6575 Butler Creek Rd.
Missoula, MT 59808

American Express
PO Box 1270
Newark, NJ 07101-1270

Ansell Healthcare Products LLC
Dept CH 17373
Palatine, IL 60055-7373

Arnel Inc
73 High Street
Hempstead, NY 11550

Aseptico
8333 216th Street SE
Woodinville, WA 98072-1548

Bank of America
3558 James Ave N
Minneapolis, MN 55412-2438

Bausch
12 Murphy Drive, Unit 4
Nashua, NH 03062

Beavers / Kerr
Fifth Third Bank
5050 Kingsley Drive
Cincinnati, OH 45227

Beaverstate Dental, Inc
115 South Elliott Rd
Newberg, OR 97132

Bien Air
8861 Research Drive
Irvine, CA 92618

Biotec, Inc
652 E. Main Ave.
Zeeland, MI 49464-1399

Blazer Products, Inc
88-90 Allen Blvd
Farmingdale, NY 11735

BonArt
550 Yorbita Rd
La Puente, CA 91744

Brandt Equipment
4461 Bronx Blvd.
Bronx, NY 10470-1496

Bravo! Building Services, Inc.
1260 Centennial Avenue
Piscataway, NJ 08854

Brewer
N88 W 13901 Main Street
Suite 100
Menomonee Falls, WI 53051

Buffalo Dental Manufacture Co
159 Lafayette Dr.
P.O. Box 678
Syosset, NY 11791-0678

Bulbworks, Inc
P.O. Box 586
Succasunna, NJ 07876

CAO Group
4628 W Skyhawk Drive
West Jordan, UT 84084

Capital One
PO Box 71083
Charlotte, NC 28272-1083

Cefla North America, Inc
6125 Harris Technology Blvd
Charlotte, NC 28269

Centrix
P.O. Box 527
Stratford, CT 06615-0527

Chapman-Huffman
320 S.E. Brideford Blvd
Bend, OR 97702

Chase
PO Box 6294
Carol Stream, IL 60197-6294

Che Lai Chang
East West Bank
535 Madison Avenue, 8th Floor
New York, NY 10022

CitiCard
PO Box 70166
Philadelphia, PA 19176-0166

Clik Tech, Inc
12281 N. 120th Street
Scottsdale, AZ 85259

Coltène/Whaledent Inc.
Department 781842
PO Box 78000
Detroit, MI 48278-1842

CONAMCO S.A. de C.V.
Medental Intl
3008 Palm Hill Dr
Vista, CA 92084

Consolidated Paper Group, Inc
P.O Box 51866
Bowling Green, KY 42104

Crosstex International
PO Box 74008664
Chicago, IL 60674-8664

Crown Delta Corporation
1520 Front Street
Yorktown Heights, NY 10598

Crown Seating
7300 South Tucson Way
Centennial, CO 80112

Curtis Marsh
9 Beechwood Rd
West Caldwell, NJ 07006

Cuting Edge Instrument, Inc
P.O. Box 715602
Columbus, OH 43271-5602

Danville Materials
2875 Loker Avenue E
Carlsbad, CA 92010

Darby Dental Supply LLC
PO Box 26582
New York, NY 10087-6582

DCI Fulfilment Solutions
361 E Water St
Gettysburg, PA 17325

DCI International
Dental Components LLC
Mail Stop 76
PO Box 4300
Portland, OR 97208

De Lage Landen Financial Services Inc
1111 Old Eagle School Road
Wayne, PA 19087

Dedeco International, Inc.
11617 State Route 97
Long Eddy, NY 12760-0244

Deepak / Keystone
480 S Democrat Road
Gibbstown, NJ 08027

DeLar
P.O. Box 226
Lake Oswego, OR 97034

DenMat
1017 W Central Ave
Lompoc, CA 93436

Dental Chair Adaptors
PO Box 818
Big Bear City, CA 92314

Dental Connections
114 41st Street
Brooklyn, NY 11232-3320

DentaleEZ / Custom Air
301 Lindenwood Drive
Suite 100
Malvern, PA 19355

DentaleEZ / Ramvac
301 Lindenwood Drive, Suite 100
Malvern, PA 19355

DentaleEZ / Star Dental
301 Lindenwood Drive
Suite 100
Malvern, PA 19355

Dentamerica Inc
18688 E. San Jose Avenue
City of Industry, CA 91748

Denti Smart
1810 Industrial Park Drive
Suite A
Grand Haven, MI 49417

Dentonics, Inc
2833 Tophill Road
Monroe, NC 28110

Dentsply Caulk
Dentsply International Inc.
Dept. DNA
P.O.Box 822462
Philadelphia, PA 19182-2462

Dentsply Maillefer
Dentsply Maillefer
Dept. TUL
P.O.Box 822462
Philadelphia, PA 19182-2462

Dentsply Midwest
Dentsply International Inc.
Dept. DNA
P.O.Box 822462
Philadelphia, PA 19182-2462

Dentsply Pharmaceutical
Dentsply International Inc.
Dept. DNA
P.O.Box 822462
Philadelphia, PA 19182-2462

Dentsply Professional
Dentsply International Inc.
Dept. DNA
P.O.Box 822462
Philadelphia, PA 19182-2462

Dentsply Rinn
Dentsply International Inc.
Dept. DNA
P.O.Box 822462
Philadelphia, PA 19182-2462

Dexis LLC
450 Commerce Drive
Quakertown, PA 18951

Dharma Research
5220 NW 72nd Avenue
Bay #15
Miami, FL 33166

Diadent Group International Inc
11-3871 North Fraser Way
Burnaby BC V5J5G6
CANADA

Directa, Inc (ContacEZ)
PO Box 9004
Edgewood, NY 11717

Discover Bank
PO Box 70176
Philadelphia, PA 19176-0176

Division of Taxation
124 Halsey Street
2nd Floor
Newark, NJ 07102

DMG America LLC
65 Challenger Road
Suite 340
Ridgefield Park, NJ 07660

Dri-Angle/ Dental Health Products
4600 Witmer Industrial Estates Road
Suite 8
Niagara Falls, NY 14305

DS Business Life Simplified
151 W Sumner Ave
Kenilworth, NJ 07033

E. C. Moore Company, Inc
13325 Leonard St
PO Box 353
Dearborn, MI 48121

East West Bank
9300 Flair Drive, 6th Floor
El Monte, CA 91731

East West Bank Corporate Headquarters
135 N. Robles Avenue
Pasadena, CA 91101

EcoGuard, Inc
700 S Battleground Ave
#103
Grover, NC 28073

Emerson Healthcare
PO Box 37835
Baltimore, MD 21297-7835

Enbio Corp
3535 Gravel Springs Rd
Suite 205
Buford, GA 30519

Engle Dental Systems, LLC
7205 NW Evergreen PKWY
Suite 100
Hillsboro, OR 97124

Essential Dental Systems, Inc
89 Leuning Street
South Hackensack, NJ 07606

F.G.N. Associates
c/o Finch Realty
55 Central Ave
Farmingdale, NY 11735

FedEx
P.O. Box 371461
Pittsburgh, PA 15250-7461

Flight Dental Systems
21 Kenview Blvd #9
Brampton, ON T6T 5G7
CANADA

FlossAid Corporation
PO Box 624
Santa Clara, CA 95052

Flow X-Ray Corporation
Flow Dental Corporation
133 Wolf Road
Battleboro, NC 27809

Focus Global
1057 Steeles Ave West
Suite 81691
North York ON M2R 2S0
CANADA

Forest Dental
301 Lindenwood Drive
Suite 100
Malvern, PA 19355

G&H Orthodontics
G & H Wire Company
2165 Earlywood Drive
Franklin, IN 46131

GC America Inc.
3737 W. 127th St
Alsip, IL 60803

George Taub Products
277 New York Ave
Jersey City, NJ 07307

Gill Mechanical Company
PO Box 24628
Eugene, OR 97402

Gingi-Pak
4825 Calle Alto
Camarillo, CA 93012

GM Financial
801 Cherry Street, Suite 3500
Fort Worth, TX 76102

GM Financial
PO Box 183593
Arlington, TX 76096-3834

Great Plains Dental Product, Inc
111 East A Avenue
P.O.Box 515
Kingman, KS 67068

Hager Worldwide
441 19th Street SE
Hickory, NC 28602

Headsets.com
211 Austin St
San Francisco, CA 94109

Heartsmart.com / Phillips
P.O.Box 1301
New Milford, CT 06776

Hexa Dental
5211 E. Washington Blvd
Ste#2-201
Commerce, CA 90040

Holmes Dental Company
50 S. Penn Street
Hatboro, PA 19040

Hooker Sale Co. Inc.
PO Box 491333
Leesburg, FL 34749-1333

HPTC, Inc
20793 Farmington Road
Farmington, MI 48336

Hu-Friedy
29254 Network Place
Chicago, IL 60673-1292

IC Care
2652 McGaw Ave
Irvine, CA 92614

IDS
920 W. 84th Street
Hialeah, FL 33014

Integra LifeSciences Sales LLC.
P.O.Box 404129
Atlanta, GA 30384-4129

Internal Revenue Service
Special Procedures Branch
PO Box 744
Springfield, NJ 07081-0744

Internal Revenue Service
Attn: District Director
955 S. Springfield Avenue
Springfield, NJ 07081

Internal Revenue Service
Office of the Chief Counsel
1 Newark Center, Suite 1500
Newark, NJ 07102

Internal Revenue Service
PO Box 7346
Philadelphia, PA 19101-7346

IQ Dental Supply, Inc.
353 Route 46W, Building C, Unit 120
Fairfield, NJ 07004

Isolate Systems
I 2 Air Fluid Innovations, Inc.
14 Valleywood Dr
Huntington Station, NY 11746

Ivoclar Vivadent
175 Pineview Drive
Amherst, NY 14228

J&J Instruments, LLC
1666 East Touhy Avenue
Des Plaines, IL 60018

Jarahi International
P.O.Box 645
Lake Hopatcong, NJ 07849

Jay H Katz
450 Seventh Ave, Suite 1308
New York, NY 10123

Jazz Imaging
770 Charcot Ave
Suite 100
San Jose, CA 95131

Johnson-Promident
PO Box 734047
Chicago, IL 60673-1257

JR Rand Corporation
300 Buffalo Ave
Freeport, NY 11520

KaVo Dental
11727 Fruehauf Drive
Charlotte, NC 28273

Kerr
Kerr Corporation (Lockbox 14338)
540 W.Madison, 4th Floor
Chicago, IL 60661

Keystone Industries
480 S. Democrat Road
Gibbstown, NJ 08027

Kinetic Instruments Inc
17 Berkshire Boulevard
Bethel, CT 06801

Kulzer, LLC
24646 Network Place
Chicago, IL 60673-1246

Kuraray America, Inc.
PO Box 123122
Dallas, TX 75312-3122

L&R Manufacturing
577 Elm Street
P.O. Box 607
Kearny, NJ 07032-0607

L.L.Bean Inc.
Financial Accounting Services
PO Box 1847
Albany, NY 12201-1847

Larissa Kunin
Starr, Gern, Davison & Rubin PC
Attn: Bruce Pitman & Alona Magidova
105 Eisenhower Parkway, Suite 401
Roseland, NJ 07068

Lexus Financial Services
PO Box 659820
San Antonio, TX 78265-9120

LG H&H USA, INC.
PO Box 894495
Los Angeles, CA 90189-4495

LMAN LNT LLC
d/b/a Fairfield Business Center
PO Box 180240
Brooklyn, NY 11218

LumaLite, Inc.
2830 Via Orange Way
Suite B
Purchase, NY 10577

Luxury Card
PO Box 13337
Philadelphia, PA 19101-3337

Madison Pension Services
Concierge Retirement Services Inc.
2500 Westchester Avenue, Suite 106
Purchase, NY 10577

Mainline Medical Dental Supplies
100-102 Rossdean Drive
New York ON M9L 2S1
CANADA

Matthew E. Frisch, Esq.
Pashman Stein Walder Hayden PC
Court Plaza South, 21 Main St #200
Plainfield, NJ 07061

Maximum Dental
9 Branwood Drive
Dix Hills, NY 11746

MCC Modular &Custom Cabinets
10721 Keele Street N
PO Box 580
Maple ON L6A 1S5
CANADA

Medicom
AMD Medicom Inc.
6054 Shook Road
Suite 200
Lockbourne, OH 43137

Medtexx
Semperit Investments Asia Pte Ltd (SIA)
8 Jurong Town Hall Road
#12-05/06 JTC Summit 609434
SINGAPORE

Meisinger
10150 E. Easter Ave
Centennial, CO 80112

Metrex
Metrex Research LLC (Lockbox 14340)
540 W.Madison, 4th Floor
Chicago, IL 60661

Microbrush International
25788 Network Place
Chicago, IL 60673-1257

Microcopy
3120 Moon Station Rd
Kennesaw, GA 30144-2765

Microtech
3030 S. Fairview St, Suite A
Santa Ana, CA 92704

Midmark
60 Vista Drive
Versailles, OH 45380

Mizzy / Keystone
480 S Democrat Road
Gibbstown, NJ 08027

Moore Medical LLC / McKesson
1690 New Britain Avenue
Farmington, CT 06032

MTI Dental Products
730 Airport Road
Unit 1
Lakewood, NJ 08701

Myco Medical
PO Box 896578
Charlotte, NC 28289-6578

NDC Inc.
402 BNA Drive, Suite 500
Nashville, TN 37217

NetSuite, Inc.
Celigo, Inc
Dept 0402
PO Box 120402
Dallas, TX 75312-0402

New Jersey Division of Taxation
Bankruptcy Section
PO Box 245
Trenton, NJ 08695-0245

Noel's Installation LLC
5919 Summerdale Ave
Philadelphia, PA 19149

Nordent Manufacturing Inc.
610 Bonnie Lane
Elk Grove Village, IL 60007

NSK America
1800 Global Parkway
Hoffman Estates, IL 60192

NYC Dept. of Finance
Office of Legal Affairs
375 Pearl Street, 30th Floor
New York, NY 10038

NYS Dept. Taxation & Finance
Bankruptcy/Special Procedures Section
P.O. Box 5300
Albany, NY 12205-0300

Office of the Attorney General
Division of Law
PO Box 080
Trenton, NJ 08625-0080

Ortech Controls
14739 Aurora Ave N UNIT 120
Seattle, WA 98133

OrthoQuest/Plak Smacker
PO Box 734362
Chicago, IL 60673

Pac-Dent, Inc
670 Endeavor Circle
Brea, CA 92821

Palmero Health Care
120 Goodwin Place
Stratford, CT 06615-6713

Parkell
300 Executive Drive PO Box 9004
Brentwood, NY 11717

Parker Hannfin Cor / Porter Instrument
7930 Collection Center Drive
Chicago, IL 60693

Parts Warehouse
309 Judson
Lynden, WA 98264

Pascal International, Inc
2929 NE Northup Way
Bellevue, WA 98004

PDT Inc
8275 Highway 10 West
PO Box 17980
Missoula, MT 59808

Pentron /Kerr Corp.
14338 Collection Center Drive
Chicago, IL 60693

Pinnacle
Pinnacle (Lockbox 14340)
540 W.Madison,4th Floor
Chicago, IL 60661

PIX
Minimax
133 Wolf Road
Battleboro, NC 27809

PKF O'Connor Davies,LLP
300 Tice Boulevard
Suite 315
Woodcliff Lake, NJ 07677

Plasdent Corporation
969 Price Street
Pomona, CA 91767

Polaroid Dental Imaging
8 Jay Court
Monsey, NY 10952

Premier
PO Box 825429
Philadelphia, PA 19182-5429

Preventech
PO Box 1409
Indian Trail, NC 28079

ProEdge Dental Product
7042 S Revere Parkway, Suite 400
Centennial, CO 80112

Proma
730 East Kingshill Place
Carson, CA 90746-1392

ProxySoft Worldwide, Inc
17 C Trowbridge Drive
Bethel, CT 06801

Pulpdent Corp
P.O. BOX 780
Watertown, MA 02471-0780

PuraGraft
22001 Northpark Drive, Suite 700
Kingwood, TX 77339

Quality Aspirators
PO Box 382120
Duncanville, TX 75138

Quality Dental
42 Rutland Road
Hempstead, NY 11550

RAY America
400 Kelby St .Ste 1500
Fort Lee, NJ 07024

Rebec
PO Box 658
Edmonds, WA 98020

Replacement Parts Industries, Inc
PO Box 713198
Chicago, IL 60677-0398

Revion Solutions Incorporated
184 South Livingston Ave
STE 9#306
Livingston, NJ 07039

Richmond Dental Company
Dept.720082
PO Box 1335
Charlotte, NC 28201-1335

Roydent
608 Rolling Hills Drive
Johnson City, TN 37604

Sable Industries Inc
100 Campbell Ave., Suite 5
Kitchener ON N2H 4X8
CANADA

Safe-Dent Enterprises LLC
4 Orchard Hill Drive
Monsey, NY 10952

Safe-Vac
6745 Elegante Way
San Diego, CA 92130

Sanford Levine & Sons
400 Rt 46 East
Fairfield, NJ 07004

SDI
1279 Hamilton Parkway
Itasca, IL 60143

Septodont
205 Granite Run Drive, Suite 150
Lancaster, PA 17601

Sergey Kunin
78 Weinmanns Blvd.
Wayne, NJ 07470

SGD International Inc.
Neil L. Prupis, Esq.
Wilson Elser
7 Giralda Farms
Madison, NJ 07940

SGD International Inc.
Donna S. Allman, Director
The Grove, 31 Pine Rd, Belleville
St Michael, BB11113
BARBADOS

Sherman Specialty Company
300 Jericho Quadrangle
Suite 240 West
Jericho, NY 11753

Shofu Dental Corporation
1225 Stone Drive
San Marcos, CA 92078-4059

Solmetex
50 Bearfoot Road
Northborough, MA 01532

South East Instruments, LLC
Pac-Dent
670 Endeavor Circle
Brea, CA 92821

Southeast Medical Products, Inc
5524 Commerce Dr
Orlando, FL 32839

Spring Health Products
705 General Washington Ave, Suite 701
Norristown, PA 19403

SprintRay Inc.
3577 N Figueroa St
Los Angeles, CA 90065

SS White Burs, Inc.
1145 Towbin Avenue
Lakewood, NJ 08701

State of New Jersey
Division of Taxation
Sales & Use Tax
PO Box 999
Trenton, NJ 08625

State of New Jersey
Division of Taxation - GIT
50 Barrack Street
PO Box 269
Trenton, NJ 08625

State of New Jersey
Department of Labor
Divison of Employer Accounts
PO Box 379
Trenton, NJ 08625-0059

Strauss Diamond Instruments Inc.
9 Florida Park Drive N.
Palm Coast, FL 32137

Subaru Motors Finance
14800 Frye Road
Fort Worth, TX 76155-2732

Suburban Propane
PO Box J
Whippany, NJ 07981-0409

Summit Dental Systems
1280 SW 27 Avenue
Pompano Beach, FL 33069

Suni Medical Imaging
6840 Via Del Oro, Suite 160
San Jose, CA 95119

Superior Handling Solutions
PO Box 257
Howell, NJ 07731-0257

Superior Upholstery
2103 W Church St.
Orlando, FL 32805

Surgical Esthetics
19355 Business Center Drive Unit #8
Northridge, CA 91324

Surgical Specialties Corporation
1100 Berkshire Blvd, Suite 308
Wyomissing, PA 19610

SymplBrush
1562 1st Ave.
New York, NY 10028

Takara Belmont USA, Inc
PO Box 358141
Pittsburgh, PA 15251-5141

TC II Land LLP
100 Sandau Rd., Ste. 300
San Antonio, TX 78216

TD Bank
1701 Marlton Pike E
Cherry Hill, NJ 08003

Teal's Express, Inc.
PO Box 6010
Watertown, NY 13601

Temrex Corp.
300 Buffalo Ave
Freeport, NY 11520

Texas Comptroller of Public Accounts
Revenue Accounting Division - Bankruptcy
P.O. Box 13528 Capitol Station
Austin, TX 78711

TForce Freight
28013 Network Place
Chicago, IL 60673-1280

The Dental Repair Specialist, LLC
27 Arcturus Drive
Sewell, NJ 08080

The Hospitality Group Limited
Wilmslow Road Didsbury
Manchester M20 5WZ

Tokuyama Dental America Inc
740 Garden View Court, Suite 200
Encinitas, CA 92024

TPC Advanced Technology
851 S.Lawson Street
City of Industry, CA 91748

Tuttnauer
PO Box 23279
New York, NY 10087-3279

UDM
608 Rolling Hills Drive
Johnson City, TN 37601

Uline
2200 S Lakeside Drive
Waukegan, IL 60085

UMG Medical Imaging
28 Calvert Street
Harrison, NY 10528

Unimed-Midwest, Inc
21875 Grenada Avenue
Lakeville, MN 55044

United States Attorney
970 Broad Street
5th Floor
Newark, NJ 07102

ValuMax International, Inc
848 Hausmnan Road
Allentown, PA 18104

Vaniman
140 N. Brandon Rd
Fallbrook, CA 92028

Vatech America Inc.
2200 Fletcher Avenue
Suite 705A
Fort Lee, NJ 07024

Vector
69th Ave. West University
Tacoma, WA 98466

Vector R & D Inc.
6824 19th St. #230
University Place, WA 98466

Velopex International, Inc.
105 East 17th Street
Saint Cloud, FL 34769

Villa Radiology Systems
199 Park Road Ext.; Suite 107
Middlebury, CT 06762

Vista Dental Products
2200 South Street
Racine, WI 53404

VITA North America
22705 Savi Ranch Pkwy; Suite 100
Yorba Linda, CA 92887

W.B.Mason
W.B.Mason Co., Inc
PO Box 981101
Boston, MA 02298-1101

Water Pik, Inc
P.O.Box 74008464
Chicago, IL 60674-8464

Xttrium Laboratories
1200 E Business Center Dr
Mount Prospect, IL 60056-6041

Young Denticator
Young Dental Manufacturing I, LLC
25787 Network Place
Chicago, IL 60673-1257

Zhermack, Inc
PO Box 4195
River Edge, NJ 07661-4195

Zirc Dental Products
3918 Hwy 55 SE
Buffalo, MN 55313

**United States Bankruptcy Court
District of New Jersey**

In re **IQ Dental Supply, LLC**

Debtor(s)

Case No.

Chapter

11

CORPORATE OWNERSHIP STATEMENT (RULE 7007.1)

Pursuant to Federal Rule of Bankruptcy Procedure 7007.1 and to enable the Judges to evaluate possible disqualification or recusal, the undersigned counsel for **IQ Dental Supply, LLC** in the above captioned action, certifies that the following is a (are) corporation(s), other than the debtor or a governmental unit, that directly or indirectly own(s) 10% or more of any class of the corporation's(s') equity interests, or states that there are no entities to report under FRBP 7007.1:

SGD Intenational Inc.
Donna S. Allman, Director
The Grove, 31 Pine Rd, Belleville
St Michael, BB11113
BARBADOS

☐ None [*Check if applicable*]

December 8, 2023

Date

/s/ Richard D. Trenk

Richard D. Trenk

Signature of Attorney or Litigant

Counsel for **IQ Dental Supply, LLC**

Trenk Isabel Siddiqi & Shahdanian P.C.

290 W. Mt. Pleasant Avenue

Suite 2370

Livingston, NJ 07039

(973) 533-1000 Fax:(973) 533-1111

rtrenk@trenkisabel.law